

FILED MAY 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2032

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
In this community 55 DAYS 36 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County WYANDOTTE  
(c) City or town BONNER SPRINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 521 FRONT STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME MR. LLOYD W. HEINLY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. CLARA A. HEINLY 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased FEBRUARY 8 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 32 Days 8 If less than one day hr. min.

9. Birthplace Creston IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation GROCER - OWNERY OPERATOR

11. Industry or business 521 MAIN KANSAS CITY MO

MOTHER FATHER { 12. Name Thomas HEINLY  
13. Birthplace Mustatin Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Wagoner  
15. Birthplace Pittsburgh Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara A. Heinly  
(b) Address 521 Front B.S. Mo

17. (a) Burial (b) Date thereof 5-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mp. Mariah

18. (a) Signature of funeral director D. H. Newcomer's Sons  
(b) Address 1401 BRUSH CREEK BLYD

19. (a) 5-10-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8<sup>TH</sup>  
year 1944 hour 3 minute 25 P.

21. I hereby certify that I attended the deceased from May 3  
1944 to May 8 1944  
that I last saw him alive on May 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure Duration 12 hours

Due to hemorrhagic peptic ulcer 2 weeks

Due to arteriosclerosis + hypertension 1 yr.

Other conditions 2  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1170 Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature John T. Shuman (M. D. or other) MD  
Address 1102 Grand Ave Date signed 5-9-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1950

2-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *H. C. Newcomer Jr.*  
Licensed Embalmer No..... *4043*  
P. O. Address..... *H. C. Newcomer Jr.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.