

FILED SEP 26 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3737

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

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:
800 West Huntington Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
 In this community 60 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson,
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 800 W. Huntington Road,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME John Lenhardt Heckel
 (b) If veteran, name war no. (c) Social Security No. no.
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married,
 (b) Name of husband or wife Mrs. Anna Heckel (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 15 1861
(Month) (Day) (Year)
 8. AGE: Years 83 Months 2 Days 29 If less than one day hr. min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 14th year 1944 hour 8:00 minute A. M.
 21. I hereby certify that I attended the deceased from Aug 25 to Sept 14, 1944
 and that death occurred on the date and hour stated above.

that I last saw him alive on May 24, 1944
 Immediate cause of death: chronic cardiac valve disease with irregularities myocardial chronic.
 Due to chronic cardiac valve disease with irregularities myocardial chronic.
 Due to chronic cardiac valve disease with irregularities myocardial chronic.
 Other conditions: sinus bradycardia
(Include pregnancy within 3 months of death)
 Major findings: 92 b
 Of operations —
 Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)
 10. Usual occupation Beauty & Barber Supplies
 11. Industry or business —
 12. Name John Heckel
 13. Birthplace Unknown, A
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine
 15. Birthplace Unknown, A
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Anna Heckel,
 (b) Address 800 Huntington Road, K. C., Mo.
 17. (a) Burial (b) Date thereof 9-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 9-15-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury —
 23. Signature John W. White (M. D. or other) —
 Address 1103 Grand Date signed 9/17/44

Dr. Valentine

Prof. B. Bly.

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

S. J. Allen

Licensed Embalmer No. *1415*

P. O. Address

H. C. Wisconsin

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.