V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2/1944

Registration District No. 2/1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30148

Primary Registration District No. 1002

Registrar's No. 3765

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: 7127 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community 50 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 42

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 200 West Armour
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Emma V. Hecker

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alvin Hecker

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March (Month) 29 (Day) 1871 (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name Robert Van Hook,

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Mary Downs

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant obert Hecker,

(b) Address 1809 W. 49th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Morish Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-18-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th year 1944 hour 5:50 minute A M.

21. I hereby certify that I attended the deceased from Pathologist, 19..; that I last saw h.. alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Hypostatic Pneumonia	48hrs.
Due to Cachexia —	
Due to 107	
Other conditions (Include pregnancy within 3 months of death) Multilocular retroperitoneal cystoma —	
Major findings: Of operations None —	
Of autopsy Same as above —	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. P. Engle (M. D. or other)

Address Plaza Medical Bldg. K.C. Mo. Date signed 9/17/44

(Licensed Embalmer's Statement as Required by Law)

Edward W. Sperlmeville M.D., Pathologist, Bethany Hosp. - K.C. Kans. -

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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 E M Plank

Licensed Embalmer No. 1848

P. O. Address K.C. Mo

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.