

FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33194

State File No. 4256

Registrar's No.

Registration District No. 147

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs.  
(Specify whether years, months or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 4-2  
(c) City or town Deepwater Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Floyd D Hestand

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased May 6 1942  
(Month) (Day) (Year)

8. AGE: Years 2 Months 5 Days 18  
If less than one day hr. min.

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

10. Usual occupation chad

11. Industry or business

MOTHER FATHER

12. Name Carl D. Hestand

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

14. Maiden name Hellie Smith

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

16. (a) Informant Carl D. Hestand

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof 10-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Mo

18. (a) Signature of funeral director Mrs. I. R. Foster

(b) Address 913-920 Brooklyn

19. (a) 10-24-44 (b) T. E. Brune (1/3)  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 24 day 24<sup>th</sup>  
year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-24-44-2 am, 1944, to 10-24-44-4 pm<sup>30</sup>  
that I last saw him alive on 10-24- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart upper Respiratory Infection  
Due to Birth

Due to 1572  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —  
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) (e) Means of injury —

23. Signature H. M. Hickry (M. D. or other) 0  
Address 1624 Prof. Date signed 10-24-44

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

**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.....

*James E. Hurstain*

Licensed Embalmer No. ....

*1621*

P. O. Address.....

*K. C. ...*

**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.**