

FILED FEB 14 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
5717 HOLMES STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 39 YEARS 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5717 HOLMES
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ADA LONG HEUSSER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO ONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PAUL F. HEUSSER 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased AUG 7 - 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business

12. Name JOHNSON S. LONG

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

14. Maiden name HARRIETT BROWN
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ma Paul F. Heusser
(b) Address 5717 Holmes

17. (a) BURIAL (b) Date thereof Jan 31 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM.

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-30-45 (b) T. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28 TH
year 1945 hour 1 minute 11 P. M.

21. I hereby certify that I attended the deceased from Dec 21
1944 to Jan 27 1945
that I last saw her alive on Jan 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Separation Duration 3 days
Due to Coronary Thrombosis 2 yrs

Due to
Other conditions (Include pregnancy within 3 months of death) 930

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 work) (Specify means of injury)
23. Signature John H. Brown (M. D. or other)
Address 814 Professional Bldg Date signed 1/31/45

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

814 Professional Body
2-5

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. Oscar Fortney*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.