V. S. No. 2
00M—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 MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8623

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1039

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: 15 East 41st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 90 years
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. 15 East 41st St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. MARGARET HEYER

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife John G. Heyer

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

7. Birth date of deceased August (Month) 9 (Day) 1849 (Year)

8. AGE: Years 95 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Reinhardt
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bleson
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Frank Duer
(b) Address 15 East 41st St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 3-5-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd year 1945 hour 4: minute 10 A M.

21. I hereby certify that I attended the deceased from Feb 22, 1945, to March 3, 1945; that I last saw her alive on Mar 3rd, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to intertrochanteric fracture of R femur	10 da
Due to	
Other conditions Senility (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) Accident
(b) Date of occurrence 2-22-45
(c) Where did injury occur? N.-C. Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Mildred E. Duer (M. D. or other)
Address 300 W. 47th St. Date signed Mar 5-45

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.