

S. No. 2  
 COM-2-43  
 Rev. 5-17-39  
 I X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19537

FILED JUN 29 1945

2560

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 months  
(Specify whether  
 In this community 19 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. St. Joseph's Hospital  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sister Julia Frances Heshion

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20 1926  
(Month) (Day) (Year)

8. AGE: Years 19 Months 0 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Religious

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John P. Heshion

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

14. Maiden name Julia Vinlove

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

16. (a) Informant John P. Heshion

(b) Address 4514 Denney, Kansas

17. (a) Burial (b) Date thereof 6-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk + Tobin

(b) Address Linnwood 7 Main

19. (a) 6-15-45 (b) Geraldine Halone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14<sup>th</sup>  
 year 1945 hour 7 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Nov 15<sup>th</sup> 1944 to June 14<sup>th</sup> 1945  
 that I last saw h. at alive on June 13<sup>th</sup> 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Altekerne Leukemia Duration 10 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: nyk  
(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 Geraldine Halone (M. D. or other) \_\_\_\_\_  
 Address 318 Professional Bldg Date signed 6/13/45

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

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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..... *Charles M Quirk* .....

Licensed Embalmer No..... *3774* .....

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.**