

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED AUG 4 1945
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 418 W. 10th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 418 W. 10th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Bernard Heck

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Heck

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Jan 14 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tree Salesman

11. Industry or business _____

12. Name Herman Heck

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

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Heck

(b) Address 418 W. 10th

17. (a) Cremation (b) Date thereof July 30-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn

19. (a) 7-28-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1945 hour _____ minute 11:30 M.

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

Immediate cause of death: myocardial chronic hypertensive disease

Due to arteriosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93 d

Of operations _____

Of autopsy _____

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? _____

23. Signature Peter A. Schellhaus (M. D. or other) _____
Address 501 Prof. Bldg Date signed 7/29/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

*Dr. Dalton Williams
Prof. 1959*

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. H. Kie*.....

Licensed Embalmer No. *2570*.....

P. O. Address *K. O. 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.