. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32700

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4546

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 weeks (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2909 East 22nd Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Ella HEFNER

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: Married

6. (b) Name of husband or wife: Peter J. Hefner

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: April 19, 1892 (Month) (Day) (Year)

8. AGE: Years 53 | Months 6 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: New York State (City, town, or county) / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Andrew Riedel
13. Birthplace: Unknown (City, town, or county) Russia (State or foreign country) 6

MOTHER
14. Maiden name: Frances Pfeiffer
15. Birthplace: Victoria (City, town, or county) Kan. (State or foreign country) 1

16. (a) Informant: Peter J. Hefner
(b) Address: 2909 East 22 nd, St. K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd, K.C. Mo.

19. (a) 11-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 th year 1945 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12-3-44, 19__, to 10-31-, 1945 that I last saw h~~er~~ alive on 10-31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Failing heart due to rapid effusion into pleural cavity — Duration
Due to: Malignancy of both lungs and pleura
Due to: Malignancy of both breasts operated on 12-4-44
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 50
Of autopsy: yes - Same

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Fred B. Norberg (M. D. or other)
Address: 1324 Professional Bldg. Date signed 11-2-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo B. Norberg
Proff Bldg. V1 4603

JAN 16 1946

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 .....

Licensed Embalmer No. .....

P.O. Address .....

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.