

FILED JAN 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. 1441

Registration District No. 149

Primary Registration District No. 1003

Registrar's No. 53

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: 2909 East 22nd St. K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 13 years
years, months or days)

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 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter J. HEFNER

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 495-01-0114

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

6. (b) Name of husband or wife Ella Hefner 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased October 14, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Spray Painter

11. Industry or business A B C Cabinet Works

MOTHER FATHER { 12. Name Joseph Hefner

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Veronica Glick

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hefner

(b) Address 1040 Kimball, K.C. Kan.

17. (a) Burial (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blyd. K.C. Mo.

19. (a) 1-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1946 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from CORONER 19__ to 19__
that I last saw him alive on _____ 19__
and that death occurred on the date and hour stated above.

Immediate cause of death: suicide by hanging Duration _____

Due to _____
Due to just a

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

Major findings: _____
Of operations _____

Of autopsy no history & dissection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 1-3-46

(c) Where did injury occur? 2109 E. 22nd K.C. Jackson miss
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

(Specify type of place)

While at work? no (e) Means of injury gun

23. Signature Jessie Walker (M.D. or other) _____

Address 1424 Oak Ridge Date signed 1-9-46

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

1018

861

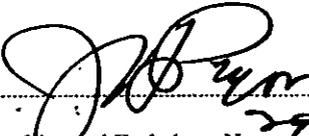
JAN 23 1946

FEB 18 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..... *2999*
P. O. Address..... *RC*

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.