

No. 2  
1-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16654

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2130

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4310 Summit 1  
(If not in hospital or institution, write street number or location)

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

In this community 1 1/2 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C. Mo 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 4310 Summit 8  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bert William Hetting

3. (b) If veteran, name war War I

3. (c) Social Security No. 510-14-2311

4. Sex M 5. Color or race Wh

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

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan 16 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Restaurant

11. Industry or business Cook

12. Name Robert Lee Hetting

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret M. Howard

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

16. (a) Informant Grace Hetting

(b) Address 4310 Summit

17. (a) Burial (b) Date thereof 5-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina Kansas

18. Signature of funeral director Mrs. C. L. Foster

(b) Address K.C. Mo

19. (a) 5-11-46 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1946 hour 12 minute 50 A M.

21. I hereby certify that I attended the deceased from P.E.R. 25, 1946 to MAY 11, 1946  
that I last saw h. l. m. alive on MAY 11, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG (RIGHT.) Duration 1 YR.

Due to CARCINOMA OF LIVER 6 Mos.

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

Other conditions (Include pregnancy within 3 months of death) 47 &

Major findings:  
Of operations X-RAY - CA. OF LUNG, P.P.R. - CA. OF LIVER.

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 Engene A. Young (M. D. or other) D.O.  
Address 3800 Broadway K.C. Mo. Date signed 5-11-46

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

MOTHER FATHER

+ 11 16 28

Dr Eugene Young  
3800 Broadway  
VA 2578

JUN 20 1948

---

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm H. Jackson  
Licensed Embalmer No. 3954  
P. O. Address Keemo

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.