

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

20303

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 25 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2615

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:
5013 CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
in this community 7 YEARS (Specify whether 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. 2003 EAST 37TH STREET
(If rural, give location)

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

3. (a) PRINT FULL NAME BEVERLY LOUISE HEINE

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: APRIL 14 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12TH year 1946 hour 7 minute 58 A.M.

21. I hereby certify that I attended the deceased from May 27, 1946, to June 12, 1946, to _____, 19____; that I last saw her alive on June 11, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

7 1 28 hr. _____ min.

Immediate cause of death: miliary tuberculosis Duration 3 wks

Due to Tuberculosis Adenitis resulting from measles.

Due to _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation 1ST GRADE STUDENT

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

11. Industry or business HORACE MANN SCHOOL

12. Name FREDRICK L. HEINE, JR.

13. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name RAY ROBERTSHAW

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MR. FREDRICK L. HEINE, JR.

(b) Address 2003 EAST 37TH STREET

17. (a) BURIAL (b) Date thereof JUNE 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Mildred C. Ouer (M.D. or other) _____
Address 300 W. 47th Date signed 6-12-46

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

MOTHER FATHER

1st floor. East side. Barbours
300 N. 4th St. Street
1:30-4:30
1899.

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address F. 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.