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M-5-43  
y. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23639**  
Registrar's No. **3014**

**FILED JUL 31 1948**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution:  
**General Hospital No. 10**  
(d) Length of stay: In hospital or institution **26 days**  
In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **607 1/2 Main**  
(e) Citizen of foreign country? **Unknown**

3. (a) PRINT FULL NAME **Frank Heiser**  
3. (b) If veteran, name war **Unknown**  
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **6**  
year **1946** hour **2** minute **40 P.M.**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Unknown**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased **June 29 1868**

21. I hereby certify that I attended the deceased from **June 10 1946** to **July 6 1946**  
that I last saw him alive on **July 6 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident**

8. AGE: Years **78** Months **0** Days **7**  
If less than one day .hr. .min.

Due to  
Due to

9. Birthplace **Switzerland**  
10. Usual occupation **Pensioner**

Other conditions  
Major findings: Of operations

11. Industry or business  
12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

Of autopsy **None**  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Record Clerk**  
(b) Address **K.C. General Hosp. #1**  
17. (a) **Burial** (b) Date thereof **8-11-46**  
(c) Place: burial or cremation **Mt. Calvary. K.C. Kan**

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

18. (a) Signature of funeral director **Weilert Funeral Home**  
(b) Address **Kansas City Missouri**  
19. (a) **7-10-46** (b) **Heraldine Holman**

23. Signature **Wm W. ...** (M. D. or other)  
Address **Med. Dir. Gen'l Hosp.** Date signed **7-8-46**

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

*Dr. Hunt*

**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..... *Blaine E. Weibert* .....

..... Licensed Embalmer No. *4075* .....

..... P. O. Address: *K.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.**