S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29585

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1102

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 hrs. (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 3038 Felix St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country *

3. (a) PRINT FULL NAME Infant Boy Heaney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 9 (Month) - 28 (Day) - 46 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. 30 min.

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

10. Usual occupation Infant.

11. Industry or business None

FATHER
12. Name Paul Gerard Heaney
13. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Mary Margaret Barkley
15. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mary Margaret Heaney
(b) Address 3038 Felix

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm. Dedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Sept. 30, 1946 (Date received local registrar) (b) H. J. Westlebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
19 year 46 hour 8 20 minute P M.

21. I hereby certify that I attended the deceased from Birth
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity - 6 1/2 mo.	
Due to Twin Preg. + Premature rupture of membranes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature E. E. Wadlow M.D. (M. D. or other)
Address 620 Francis St Joseph Mo. Date signed 9-29-46.

34 (Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.