

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

32779

FILED NOV 6 1946

State File No. _____

Registrar's No. 1229

Registration District No. 42

Primary Registration District No. 1000

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 2 Days (Hosp't.)
(Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan

(c) City or town Elwood, Kansas.
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

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

3. (a) PRINT FULL NAME James Ernest Heator

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-0674

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1946 hour 8 minute 40 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy A. Heator

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 7 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 27, 1946, to Oct 26, 1946
that I last saw him alive on Oct 26, 1946
and that death occurred on the date and hour stated above.

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

63	7	19	hr. min.
----	---	----	----------

Immediate cause of death Ch. Myocarditis Duration 5 mo

Due to decompensated

Due to Bronchial asthma

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

9. Birthplace Bedford Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

PHYSICIAN

Major findings: none

Of operations of 3D

Of autopsy not done

Underline the cause to which death should be charged statistically.

11. Industry or business Airport St. Joseph, Mo

12. Name Oliver Heator

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

14. Maiden name Clarissa Chaney

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

16. (a) Informant Mrs. Nancy A. Heator

(b) Address Elwood, Kansas.

17. (a) Burial (b) Date thereof Oct. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery

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? _____

18. (a) Signature of funeral director Herbert B. Snyder

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Nov. 1, 1946 (b) J. Hestebush
(Date received local registrar) (Registrar's signature)

(Specify type of place)

(c) Means of injury MD

23. Signature J. Grant (M. D. or other) MD

Address St. Joseph, Mo Date signed 10-27-46

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

MOTHER FATHER

34

FEB 19 1947

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.....

Emel Phouon

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.