

X33697

FILED NOV 5 1946

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 4406

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:
Osteopathic Hosp. 11th & Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4703 East 18th, St. 7
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred E. Heath

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose Heath 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 19th- 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Detective

11. Industry or business M.O.P. R. R. Yard

MOTHER FATHER { 12. Name William R. Heath
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Blackburn
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Garland F. Miller

(b) Address 4703 E. 18th, St.

17. (a) Burial (b) Date thereof 10/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th, St.

19. (a) 10-21-46 (b) Geraldine Nalms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th.
year 1946 hour 9: minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 15
1946 to Oct 19 1946
that I last saw him alive on Oct 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct
Due to Medical unaffairing

Due to Senility

Other conditions 928
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

Duration

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 John G. Healey (M. D. or D. O.)
Address 500 Bryant Blvd Date signed 10-27-46

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

1961 100

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 *John B. Camp*

Licensed Embalmer No. *2915-5*

P. O. Address *Hammer City, N.C.*

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.