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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33580

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4257

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: 5817 Wayne AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 57 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.: 5817 WAYNE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

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3. (a) PRINT FULL NAME: LOUISE MARY HEILMAN

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: WIDOWED

6. (b) Name of husband or wife: JOHN A. HEILMAN

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

7. Birth date of deceased: MARCH (Month) 4 (Day) 1868 (Year)

8. AGE: Years 78 Months 7 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace: GREENFIELD. (City, town, or county) MASSACHUSETTS (State or foreign country)

10. Usual occupation: AT - RETIRED - OPERATOR

11. Industry or business: HOME - CATHOLIC BOOK STORE

FATHER
12. Name: CARL OSTERMANN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARGARET FASS
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: John C. Heilman
(b) Address: 5817 Wayne.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCTOBER 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 10-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 8TH year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from NOV. 7, 1946 to OCT. 8, 1946 that I last saw her alive on OCT. 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HYPERTENSION	YRS.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): CORONARY THROMBOSIS	5 DAYS

Major findings:
Of operations: 0
Of autopsy: 0

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

23. Signature: B. C. Lemmon (M. D. or other) M.D.
Address: 6444 Prospect K.C. Mo. Date: Oct. 8 '46

(Licensed Embalmer's Statement on Reverse Side)

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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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.