

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13486

State File No. ....

1802

FILED MAY 5 1947  
199

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Trinity Lutheran Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hrs 37 min.  
(Specify whether: \_\_\_\_\_)

In this community LIFER  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Missouri 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 2515 Lister 8  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DONALD WALTER HEADY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MO 5. Color or race W

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

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 4 16 47  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	hr. min.

9. Birthplace KANSAS CITY MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Production Manager KCMO.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name KENNETH WIGHTMAN HEADY

13. Birthplace WELLSVILLE, KANSAS 1  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA JEAN KAY

15. Birthplace SODALIA, MISSOURI 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth W. Heady

(b) Address 2515 Lister

17. (a) Burial (b) Date thereof 4/22/1947  
(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) 4-21-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17  
year 1947 hour 5:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-16 1947 to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on 4-17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumatury Duration \_\_\_\_\_  
6.5 mo. pregnancy Caesarian section

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Valvular heart disease 6 Mon  
(Include pregnancy within 3 months of death)  
of mother

Major findings: 1600

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature E. W. Blusher (M. D. or other) \_\_\_\_\_

Address 900 Realto Blvd. KCMO Date signed 4-18-47

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**