

7. S. No. 2
DOM-5-43
ev. 5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20988
Registrar's No. 2666

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 2 hrs. 15 mins.
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1620 Washington
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Emma Heney
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1947 hour 2 minute 40 P.M.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Thos. J. Heney
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 16, 1881

21. I hereby certify that I attended the deceased from 6-18-47 to 6-18-47 that I last saw her alive on 6-18-47 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic acidosis
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 4 Days 2

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: Of operations
Of autopsy: None

9. Birthplace Pink Hill Missouri
10. Usual occupation At home

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Harry A. Heney
(b) Address 1620 Washington, K.C., Mo.
17. (a) Burial (b) Date thereof 6-21-47
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 6-20-47 (b) Geraldine Holmes

23. Signature W. W. Hart (M. D. or other) J. M. D.
Address Med. Dir. Gen'l Hosp Date signed 6-18-47

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

Dr. R. Price

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 *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. 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.