

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUL 22 1947

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **218**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital #1 **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 8 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. 500 Kentucky St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edward Joseph Heims

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Veva May Heims

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 4 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	7	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1947 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 4 1947, to June 11 1947

that I last saw him alive on June 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulmonary edema

Due to Myocardial failure

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

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Switchman

11. Industry or business Missouri Pacific R. R. Co.

MOTHER FATHER

12. Name Pierce Heims

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

14. Maiden name Elizabeth Rickerts

15. Birthplace Harrisburg, Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Veva M. Heims

(b) Address 500 Kentucky, Kansas City, Mo.

17. (a) Burial (b) Date thereof 6/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Glen Y. Manpin

(b) Address 712 Court Fulton, Mo.

19. (a) 6-13-1947 (b) Jose Morosoff
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 Joseph Inpatnee (M. D. or other) _____

Address Fulton, Mo. Date signed 6/11/47

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

4
2

47

14

1

2

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

0

6/11/47

JUL 23 1947

JUL 22 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..... *Glen Y. Mansin*.....
Licensed Embalmer No..... *3925*.....
P. O. Address..... *Fulton, 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.