No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30726

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Harlem, Mo. RR#8 N.K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, RR#8 North Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town RR#8 North Kansas City 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. X 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME JOHN WALTER HEINRICH

3. (b) If veteran, name war World War I&II
3. (c) Social Security No. 512-05-0008

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Mary A. Heinrich
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased December (Month) 28 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	12	X hr. X min.

9. Birthplace Unknown (City, town, or county) Illnois (State or foreign country) 1
10. Usual occupation Tree Surgen
11. Industry or business same as above

FATHER
12. Name L. F. Heinrich 4
13. Birthplace Hanover, Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M.A. Mc Pike
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Walter L. Heinrich
(b) Address RR#8 North Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Dodge City, Kansas
18. (a) Signature of funeral director Morton Smith F.H.
(b) Address 832 Armour Road N.K.C. Mo.
19. (a) Sept-10-1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 1-3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1947 hour 6:45 minute a. M.

21. I hereby certify that I attended the deceased from Coroners case 3, 19, to, 19; that I last saw he alive on case, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to Coroners case 94A

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroners case
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) Coronary Occlusion
(b) Date of occurrence Sept. 9th 1947
(c) Where did injury occur? Harlem (City or town) Clay (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home 105 Elm St. (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. ~~or other~~) 3
Address Excelsior Springs Mo. Date signed 9-9-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-20-47

OCT 2 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 Chester L. Stanley, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address N. 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.