

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:
1001 E. 1st. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community unknown
years, months or days)

3. (a) PRINT FULL NAME George Heard

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

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Heard
 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. - 14 - 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 24
If less than one day hr. min.

9. Birthplace Chattanooga Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Heard

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

14. Maiden name unknown

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

16. (a) Informant Lottie Heard

(b) Address 625 Cottage Lane

17. (a) Burial (b) Date thereof 11-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsay Embler

18. (a) Signature of funeral director G. Steing Billa

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 11-19-47 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

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. 1001 E. 1st.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
 year 1947 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____
 _____ 19____ to _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Hypertensive Heart Disease
 Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy no permit

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 [Signature] (M. D. or other) W.C.
 Address 286 Broadway Date signed _____

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

11-18-47

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 *E. Sterling Bills*.....

Licensed Embalmer No. 3178.....

P. O. Address *212 Vine St., 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.