

FILED MAR 27 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
2736 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or 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. **2906 Norton**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Willia Ann Heathman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **494-12-3092**

20. DATE OF DEATH: Month **March** day **16** year **1948** hour **4** minute **15**

4. Sex **female** 5. Color or race **Negro**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **Jan 17 1900**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Mar 15 to 16 1948** to **Mar 16 1948** and that death occurred on the date and hour stated above.

Duration _____

8. AGE: Years **48** Months **21** Days **29** If less than one day _____ hr. _____ min.

Immediate cause of death **Heart failure in Endocarditis**

Due to **lobar pneumonia**

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

9. Birthplace **Shelbina Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy **108**

11. Industry or business _____

12. Name **Charlie Heathman**

13. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Flora Braxfield**

15. Birthplace **Unknown Mo.**
(City, town, or county) (State or foreign country)

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 _____

23. Signature **E. A. Walker M.D.** (M. D. or other) _____
Address **1870 Vine St. 8th** Date signed **3/17/48**

16. (a) Informant **Mrs. Elizabeth Braxton**

(b) Address **2736 Wabash**

17. (a) **Burial** (b) Date thereof **3-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **W. S. Applston**

(b) Address **1905 Vine St.**

19. (a) **3-18-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 _____

Thomas H. Meeks

Registered Apprentice No. *39*

working under my personal supervision.

Signed _____

(A) H. Meeks

Licensed Embalmer No. *2710*

P. O. Address *1005 Vine St.*

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.