

FILED MAY 22 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 2005

16361

WRITE PLAINLY—USE 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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 7331 Park Ave. **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME James O. Heiffner

3. (b) If veteran, name war No

3. (c) Social Security No. 291-03-6724

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th.
year 1948 hour 6 minute 15 P.M.

4. Sex Male **0** 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Matilda Heiffner

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 5th. 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1st
1948, to May 9, 1948
that I last saw him alive on 9 May, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion, acute **940** Duration

8. AGE: Years Months Days If less than one day

58 8 4 hr. min.

Due to

Due to

9. Birthplace Altoona Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Highway Transportation

11. Industry or business Goodyear Tire & Rubber Co.

12. Name Thomas J. Heiffner

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

14. Maiden name Louise Reigh

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

16. (a) Informant Mrs. Matilda Heiffner

(b) Address 7331 Park Ave.

17. (a) Burial (b) Date thereof 5-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altoona, Pa.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 5-11-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

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 **0**

Signature S. D. Hooper (M. D. or other)

Address 6232 Troost Date signed 5-10-48

6237 Invest
3-7-5 Mon.

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..... *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address: *Kansas City, 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.