No. 300
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 0149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26352

Registrar's No. 3351

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: 3156 Bell /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 65 years

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. 3156 Bell 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Loney E. HEARN

3. (b) If veteran, name war: NO

3. (c) Social Security No. 514-01-6120

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Eva Bell Hearn

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: July (Month) 3, (Day) 1874 (Year)

8. AGE: Years 74 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace: Adrian (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired laborer

11. Industry or business:

FATHER
12. Name: John Hearn 0
13. Birthplace: Columbia, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Rosina Gilmore
15. Birthplace: --- (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant: Mrs. Mary G. Reed
(b) Address: 3156 Bell, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 8-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17 year 1948 hour 12 minute 53 A. M.

21. I hereby certify that I attended the deceased from Aug. 1-48, 19..., to Aug. 17-48, 19 48; that I last saw him alive on Aug. 15-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute & Chronic Myocarditis — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Possible lung abscess

Major findings:
Of operations: Co. of Lavage Lt. Lung N.X.

Of autopsy: 47a

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):

(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: [illegible] M.D. (M.D. or other) M.D.

Address: 948 Brookside Blvd. Date signed: 8-17-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Emmerich Schulte
968 Central
KCK.

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.