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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26353
3062
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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:
1801 BROWNELL STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 YEARS years, months or days)

3: (a) PRINT FULL NAME MR. EMMETT PAUL HECK

3. (b) If veteran, name war WORLD WART

3. (c) Social Security No. 503-14-1128

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. STELLA HECK

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased OCTOBER 1 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace BRADDUS RIVER TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation FURNACE MAN

11. Industry or business HECK HEATING COMPANY

12. Name HERMAN HECK

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

14. Maiden name LUCILLE UNKNOWN

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

16. (a) Informant MRS. STELLA HECK

(b) Address 1801 BROWNELL STREET

17. (a) BURIAL (b) Date thereof JULY 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-27-48 (b) Geraldine 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. 1801 BROWNELL STREET
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24TH
year 1948 hour 2 minute 00 A.M.

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

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to _____

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no
Heart & lungs

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) _____ (e) Means of injury _____

While at work? _____

23. Signature James C. Walker (M. D. or other) _____
Address 1424 N. 14th Date signed 7-25-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Robert Ray

Licensed Embalmer No. 4182

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.