S. No. 300
M—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2.17.39

FILED OCT 1 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3849

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: 712 W. Gregory (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 712 W Gregory Blvd (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME John Paul Heidenreich

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-03-3223

4. Sex Male

5. Color or race Wt

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

6. (b) Name of husband or wife Mary Ruth Heidenreich

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 13 (Day) 1900 (Year)

8. AGE: Years 48 | Months 3 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace K. C Kansas (City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Carnie Gaudie

FATHER
12. Name John E Heidenreich
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Schill
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Logan

(b) Address 7216 Penn St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City Mo

19. (a) 9-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 10 minute 15 P M.

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

Immediate cause of death Gunshot Injury

Due to of Chest and

Due to Abdomen

Other conditions 166 (Include pregnancy within 3 months of death)

Major findings: Of operations Deputy Coroner

Of autopsy History & Inspection

Duration

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) Homicide

(b) Date of occurrence 9-19-48

(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? ____ (Specify type of place)

While at work? No Means of injury Gunshot

23. Signature A. E. Ussher O (M. D. or other) Mo

Address 2806 Main Date signed 9/21/48

(Licensed Embalmer's Statement on Reverse Side)

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 H Reed

Licensed Embalmer No. 3745

P. O. Address KC 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.