FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39396

State File No.

FILED DEC 20 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1334

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2818 Renick Street 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John Laurence Heenan

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-1020

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased January (Month) 1 (Day) 1882 (Year)

8. AGE: Years 66 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

10. Usual occupation Engineer

11. Industry or business Schreiber Milling Co.

FATHER
12. Name Laurence Heenan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary (Unknown)
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Miss Loraine Heenan
(b) Address 2818 Renick Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 12-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1948 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-4-48, 19..., to 12-9-48, 19...; that I last saw him alive on 12-9-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - at once

Due to

Due to

Other conditions Fracture arm
(Include pregnancy within 3 months of death)

Major findings:
Of operations oblique fracture upper third left arm - humerus
Of autopsy Refused

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-4-48 13

(c) Where did injury occur? St. Joseph (City or town) Mo. (County) (State)

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

While at work? yes (e) Means of injury Fell from

23. Signature Floyd H. Spencer (M. D. or other) Stank

Address St. Joseph, Mo. Date signed 12-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1948

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 Max W. Riefenning Registered Apprentice No. 278 working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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: