S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 40170

Registrar's No. 5123

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: ~~Blue~~ Township KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 6634 Winner Rd. K. C. 3, Mo.
(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: 84 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 6634 Winner Rd. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Georgia Ann Hetrick
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Henry Hetrick
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Dec. 26, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	11	19	hr. min.

9. Birthplace: Taney County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: self employed

FATHER
12. Name: Wm. T. Clowers
13. Birthplace: Unknown, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Manship
15. Birthplace: unknown, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Henry Hetrick
(b) Address: 6634 Winner Rd. K. C. 3, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery, INDEP. MO.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 12-17-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1948 hour 8 minute 47 P.M.
21. I hereby certify that I attended the deceased from 12-13, 1948, to 12-15, 1948, that I last saw h. E.R. alive on 12-15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to PULMONARY CONGESTION	12 hrs
Due to AORTIC ANUERISM DUE TO SYPHILIS	unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 30	
Of autopsy	

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)
(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: C. M. Cerneck (M. D. or other) DO
Address: Sugar Creek Mo. Date signed 12-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1968

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 Richard D. Mullins, Registered Apprentice No. 268, working under my personal supervision.

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.