

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37606

Registrar's No. 357

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		REGISTRAR'S NO. 357			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 6 YEARS		c. CITY OR TOWN INDEPENDENCE		48 4			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1915 RALSTON				d. STREET ADDRESS (If rural, give location) 1915 RALSTON					
3. NAME OF DECEASED (Type or Print) a. (First) JENNIE		b. (Middle) MELLISSA		c. (Last) HEIMERDINGER		4. DATE OF DEATH (Month) (Day) (Year) NOV-21-1949			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY-9-1865			
9. AGE (in years last birthday) 84 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LUCAS COUNTY IOWA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LUCAS COUNTY IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM H. RICKETTS		13b. MOTHER'S MAIDEN NAME MARY JANE		14. NAME OF HUSBAND OR WIFE WILLIAM G. HEIMERDINGER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS FREDERICK W. HEIMERDINGER 1915 RALSTON INDEP. MO.					
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic Pneumonia ANTECEDENT CAUSES Acute myocardial failure DUE TO (b) Chronic myocarditis and hypertension DUE TO (c) Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema						INTERVAL BETWEEN ONSET AND DEATH 3 days 200-9 1949 11-22-49	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov 9, 1949, to Nov 21, 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at 9:50 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Albert W. Proffers M.D.</i>				23b. ADDRESS 18272 Professional Bldg				23c. DATE SIGNED 11-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-23-1949		24c. NAME OF CEMETERY OR CREMATORY BROOKINGS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. NOV. 23, 1949		REGISTRAR'S SIGNATURE <i>Alvin H. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 354 O.H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.					

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

18  
4  
4

NOV 25 RECD

11-4:38 C.M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No.

*4452*

P. O. Address

*K. C. 4 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.