

Registration District No. 399

Primary Registration District No. 1002

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community 30 Years
years, months or days)

8. (a) PRINT FULL NAME Mr. Carl S Heritage

8. (b) If veteran, name war None 3. (c) Social Security No. 702-12-162

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September 3 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>28</u>	<u>hr. min.</u>

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business Kansas City Southern R.R.

12. Name Davis Heritage

13. Birthplace Pennsville New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emma Swing

15. Birthplace Sharptown New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sue Clark

(b) Address La Crescenta

17. (a) Burial (b) Date thereof Sept. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcomer's Vaults

18. (a) Signature of funeral director H. K. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 6, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1325 Winwood Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
1940 year. 10 hour 10 P.M. minute.

21. I hereby certify that I attended the deceased from Feb. 16, 1938, to Aug. 31, 1940, that I last saw him alive on Aug. 31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Splenomegaly
Duration ?

Due to no

Due to Purpura hemorrhagica

Other conditions (Include pregnancy within 3 months of death)

Major findings: none
Of operations Findings incomplete

Of autopsy Findings incomplete

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? _____

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. O. Argyle, M.D. (M. D. or other) 9/3/40
Address 1325 Winwood Blvd. Date signed

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

11C

Dr. C. J. Vincent
800 Argyle Bldg.
9-30-5130

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.....

George M. Collier

Licensed Embalmer No. 3839

P. O. Address. H. C. M. Co.

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, above space should be left blank.