

FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **196**

Registration District No.

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: **Trinity Lutheran**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 15 Minutes**
 (Specify whether
 In this community **10 15 Minutes**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
 (If outside city or town limits, write "RURAL")
2337 1/2 Fairmount **8**
 (d) Street No. **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **STANLEY PATRICK HEBERLIE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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 **January 14th, 1948**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 **10 15 min**

9. Birthplace **Kansas City Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business.....

MOTHER FATHER { 12. Name **Clifford Heberlie**
 13. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Erna Bromley**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Clifford Heberlie**
 (b) Address **2337 1/2 Fairmount**
 17. (a) **Removal** (b) Date thereof **1 - 15 - 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Weatherby, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
 (b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **1-14-48** (b) **Alredine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **14th**
 year **1948** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Jan 14 1948** **48** **10 15** **minutes**
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Hydranomas**
congenital malformation of neck & arm
 Due to..... 19.....
7th mo of pregnancy
 Other conditions.....
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **157 mm**
 Of operations.....
 Of autopsy.....
 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)

23. Signature **J. J. Farnsworth** (M. D. or other) **()**
 Address **1103 Grand** Date signed **1/14/48**

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

2:36 to 4:30