S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40171

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5198

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1016 Holmes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mattie J. Heyde
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Fred Heyde
6. (c) Age of husband or wife if alive: 93 years
7. Birth date of deceased: July 16 (Month) 1865 (Year)
8. AGE: Years 83 Months 5 Days 4 If less than one day ___ hr. ___ min.
9. Birthplace: Quincy, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: none
MOTHER FATHER
12. Name: Frank Wilson
13. Birthplace: Quincy, Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Jeanette Weaver
15. Birthplace: Quincy, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Florabell Lowe
(b) Address: 1016 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 22 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 12-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 20 year: 1948 hour: 11 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Dec. 18, 1948 to Dec. 20, 1948; that I last saw her alive on Dec. 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: mesentery Thrombosis superior artery with gangrene intestine and generalized peritonitis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 123
Major findings: Of operations:
Of autopsy: See above

Duration

PHYSICIAN: Underline the cause to 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: Wm. W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 12-21-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bridgens

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.....

Licensed Embalmer No. 2 a a 9

P. O. Address..... 1 C 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.