

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38183
 Do not use this space.

DEC 14 1938

1. PLACE OF DEATH
 (a) County Jackson 2 Registration District No. 399
 (b) Township Law 1 Primary Registration District No. 1002 Registered No. 4417
 (c) City Kansas City (d) Street No. 2314 Montgall St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Helling
 (a) Residence, No. 2314 Montgall St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Walter Helling (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1862

7. AGE YEARS 76 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester, Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Malissa Jesse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Tillie Holt
2314 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Paola Kane DATE 11-13

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros
1729 Olive

20. FILED Nov 12 1938 W. G. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
 I last saw Deputy Coroner on 11-9, 1938. Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Fibrous Myocarditis
Coronary Myocarditis
Generalized Aneurysm

Other contributory causes of importance: 930

Name of operation Autopsy Date of 11-9-38
 What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify —
 (Signed) Russell W. Jensen, M. D.
 (Address) —

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

W.B. Watkins

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W.B. Watkins

Licensed Embalmer No.....

2889

P. O. Address.....

1729 Lydia

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.