

APR 17 1939

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

9500  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Gene Primary Registration District No. 21007 Registered No. 1106  
 (c) City Kansas City, Mo. (d) Street No. A.C. 213 Hosp. 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hellman Francis Xavier  
 (a) Residence No. 400 West 63rd (b) Place of abode, if no street address, write county or city Kansas City, Mo. St. 1  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1882  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. office  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
A.C. Mo. Hosp.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Hellman, Joseph

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

MOTHER 15. MAIDEN NAME Mulligan, Mary

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

17. INFORMANT (ADDRESS) H.C.M.T.B. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE In Mary DATE 3-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas Brown  
4316 Troost ave

20. FILED Mar 12 1939 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1937, to 3-10- 1939  
 I last saw h. IM alive on 3-10- 1939 Death is said to have occurred on the date stated above, at 12<sup>00</sup> m.

The principal cause of death and related causes of importance were as follows:

PULMONARY TUBERCULOSIS Date of onset 1931  
TERMINAL PNEUMONIA -  
 Other contributory causes of importance: 23  
ARTERIOSCLEROTIC HEART DISEASE

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-RAY SPUTUM Was there an autopsy? YES

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signature) [Signature] M. D.  
 (Address) Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 1-35 I X14028

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**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.....

P. O. Address.....

**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.**