

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24147
Registrar's No. 2757

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:
437 E. 73rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

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. 437 E. 73rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Mrs. Vivian Elizabeth Hellman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul E. Hellman 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased November 13, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business Roy E. Neukirk

MOTHER FATHER {

12. Name Roy E. Neukirk

13. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

14. Maiden name Maud V. Roche

15. Birthplace Rushville Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Neukirk

(b) Address 437 East 73rd

17. (a) Burial (b) Date thereof 7-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Neukirk
(b) Address 1401 Brush Creek Blvd.

19. (a) July 9, 1940 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from out
_____, 1939, to July 8, 1940
that I last saw h. er alive on July 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 8 hrs

Due to malignant hypertension ?

Due to _____
Other conditions chr. nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. M. Grove (M. D. or other)
Address 1167 Bryant Date signed 7/9/40

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

Dr. Wm. P. Jackson
Bryant Bldg
1-5 V. 0848

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 *H.C. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address *H.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, above space should be left blank.