

No. 2  
-10-39  
7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27761  
3395

State File No.

SEP 5 1940 399

Registration District No.

Primary Registration District No. 002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
1317 West 41st St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
In this community Unknown, 27 yr (Specify whether years, months or days)

8. (a) PRINT FULL NAME James Sherman Helms, 452

3. (b) If veteran, name war 110  
3. (c) Social Security No. 703-03-8664

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

6. (b) Name of husband or wife Eliza A. Helms  
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 22 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 6 hr. min.

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

10. Usual occupation Retired engineer

11. Industry or business X

12. Name William Helms

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

14. Maiden name Eliza Smith

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

16. (a) Informant Mrs. Eliza A. Helms

(b) Address 1317 West 41st St., K. C., Mo.

17. (a) Removal (b) Date thereof 8-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 29, 1940 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri, (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1317 West 41st St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? NO. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th,  
year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 24 1940 to Aug 28 1940  
that I last saw him alive on Aug 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (cerebral)  
Due to High Blood Pressure

Other conditions g.d.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul H. Drost (M. D. or other)  
Address Lower West 1317 Date signed Aug 14-40

Duration  
1 day  
1 yr  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Dr. Carl Brust,  
Thursday 1/13 06 1:30  
2:30 to 4:30  
106 Walnut - 14th

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**