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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41574

Registration District No. 1399

Primary Registration District No. 1002

Registrar's No. 4967

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4024 Troost Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4024 Troost Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Allen W, Helm, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. # 708-12-6035

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Walsh Helm

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 5, 1880
(Month) (Day) (Year)

8. AGE: Years 60 | Months 6 | Days 22 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Transit Clerk

11. Industry or business Western Weighing and Inspection Bureau

FATHER
12. Name John J. Helm
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Wintermute
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Walsh Helm
(b) Address 4024 Troost Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 28, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, La.

18. (a) Signature of funeral director Thomas E. Quirk
(b) Address 4316 Troost Ave

19. (a) 12-29-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th
year 1940 hour 7.15 P.M. minute M.

21. I hereby certify that I attended the deceased from 1930, 19__, to Dec 27, 1940
that I last saw him alive on Dec 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Ch Nephritis

Due to 131

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Hugh A. Jentry (M. D. or other)
Address 303 Burthman Date signed 12-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Funk

Licensed Embalmer No. 3775

P. O. Address T. C. Mo

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

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