

Registration District No. 400

Primary Registration District No. 5552B

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson Township  
(If inside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the aged 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days 5 mo.  
(Specify whether)

In this community 14 years  
years, months or days

3. (a) PRINT FULL NAME Harry Helmos

3. (b) If veteran, name war V

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 10 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>23</u>	hr. _____ min.

9. Birthplace Unknown 1 New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant W. H. Mc Carthy

(b) Address 12th St. Berks Mo

17. (a) Anatomical (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical

18. (a) Signature of funeral director W. H. Mc Carthy

(b) Address 12th St. Berks Mo

19. (a) 4-9-41 (b) Sara S. Bonds  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas city 3  
(If outside city or town limits, write "RURAL")

(d) Street No. Portland Hotel 8  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 9  
year 1941 hour 12 minute 30 PM.

21. I hereby certify that I attended the deceased from 3-14-41  
to 4-3-41 1941.

that I last saw him alive on 4/3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

732 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. D. Green (M. D. certifier)

Address Berks Mo Date signed 4/14/41

**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. *3833*

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, fact should be so stated above.**