

No. 2
1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28506

FILED SEP 11 1941

State File No. _____

Registration District No. 398

Primary Registration District No. 5554 3019

Registrar's No. 228

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1626 Scott
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME HENRY HOWARD HELLUMS

3. (b) If veteran, name war none

3. (c) Social Security No. 490-09-1811

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cora Hellums

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 3 1875
(Month) (Day) (Year)

8. AGE: 66 Years 0 Months 26 Days If less than one day _____ hr. _____ min.

9. Birthplace Mountain Grove, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Harrow Taylor Butter Co.

12. Name Geo. Washington Hellums

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

14. Maiden name Lucy

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

16. (a) Informant Gloyd Murrell Hellums

(b) Address 1626 Scott

17. (a) Burial (b) Date thereof Sept 2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt. Washington

18. (a) Signature of funeral director Leola E. Larson

(b) Address Independence, Mo.

19. (a) Aug. 30/41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1626 Scott
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1941 hour 10:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 29-41
_____ 19. to Aug 29-41 19. _____

that I last saw _____ alive on Aug 29-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)

Due to Tuberculosis - arteriosclerosis

Due to Chronic nephritis

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature N. J. Gardner (M. D. or other) _____
Address Independence, Mo. Date signed 8/31/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 0 1944

SEP 6 1944

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.....

Dean Owens....., Registered Apprentice No. *283*
working under my personal supervision.

Signed *Raymond M. Martin*
Licensed Embalmer No. *4150*
P. O. Address *Independence Ave.*

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.