

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33772**  
Registrar's No. **3703**

Registration District No. **277**

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:  
**3023 McGee St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **70 Years** / \_\_\_\_\_ (Specify whether  
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. **3023 McGee St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3rd**  
year **1941** hour **6** minute **00** P.A.M.

21. I hereby certify that I attended the deceased from **some**  
**time** 19**40** to **10-3** 19**41**  
that I last saw him alive on **10-3** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary**  
**occlusion**  
Duration \_\_\_\_\_

Due to **?**  
Due to \_\_\_\_\_

Other conditions **Chronic Hypertension**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **no**  
Of autopsy **no**  
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? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature **J. V. Bourke** (M.D. or other) \_\_\_\_\_  
Address **City** Date signed **10-4-41**

3. (a) PRINT FULL NAME **MRS. KATHERINE HELM**

3. (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 **Widowed**

6. (b) Name of husband or wife **John Helm** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 16 1854**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **6** Days **17**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Basel Switzerland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **No Record**

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

14. Maiden name **No Record**

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

16. (a) Informant **William F. Helm**

(b) Address **1209 West 57th St. Terrace**

17. (a) **Burial** (b) Date thereof **10-6-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **John W. Wagner**  
**Kansas City, Missouri**

(b) Address **10 / 4 / 41**

19. (a) **10 / 4 / 41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

809

J. S. Osborne M.D.  
Angelle Bg. W 3345

W. 2622

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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, fact should be so stated above.**