

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 13 1942
Registration District No. 27414

Primary Registration District No. 5572

Registrar's No. 2

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town OPOLIS, KANSAS, R.F.D.#1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED: 49

(a) State MISSOURI (b) County JASPER

(c) City or town OPOLIS, KANSAS, R.F.D.#1
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles S. E. of OPOLIS Kan.
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE WASHINGTON HELMS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1942 hour 8 minute 10 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife REBECCA HELMS

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

7. Birth date of deceased SEPT. 25, 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1940, 19____, to Feb. 27, 1942

that I last saw him alive on Feb. 27, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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

10. Usual occupation RETIRED FARMER

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

11. Industry or business _____

12. Name SQUIRE HELMS

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Mrs. A. N. Collier

(b) Address OPOLIS, KANSAS, R.F.D.#1

17. (a) BURIAL (b) Date thereof Mar. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK JACK CEMETERY

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? _____

18. (a) Signature of funeral director Alvin J. Sawyer

(b) Address 114 West 6th St. PITTSBURG

19. (a) Mar. 1, 1942 (b) Mrs. Lillie Sage
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of injury) _____

23. Signature A. Sawyer (D. or other) MD

Address Pittsburg Mo. Date signed 3/29/42

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

N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-2207

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 Allen Jancy

Licensed Embalmer No. 345R

P. O. Address Pittsburg Kansas

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, above space should be left blank.