S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9647 9559

Primary Registration District No. 1002

Registrar's No. 1004

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

48 3 8

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: St. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2005 Brighton Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME Mr. Harry Edwin Heliker

3. (b) If veteran, name war No

3. (c) Social Security No 708-14-3681

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Georgia M. Heliker

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 6 (Day) 1886 (Year)

8. AGE: Years 56 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Switchman

11. Industry or business Rock Island R. R.

FATHER
12. Name William E. Heliker
13. Birthplace Greenwich (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Agnes Carpenter
15. Birthplace Greenwich (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Georgia M. Heliker

(b) Address 2005 Brighton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1942 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from DEC 27, 1941 to Mar 9 - 1942, 19 ; that I last saw him alive on Mar. 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

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 Delon G Williams (M. D. or other) 0

Address 806 Prof Bldg Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

806 Professional Bldg
10-1

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 W. B. Simpson

Licensed Embalmer No. 3965

P. O. Address K.C., 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.