

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2384

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Mo. Egan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/16 to 5/19 = 1942 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Rosedale 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 Pleasant View Bldg.
29th + Paris. (If rural, give location)
(e) Citizen of foreign country? emer (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 1942
year 42 hour _____ minute 12 M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
(spontaneous) with
acute pericarditis.
Due to _____
Due to _____

Other conditions 1400
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy see above

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HELLIKER-LUCILLE M.
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Fe 5. Color of race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harrel 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased may 21, 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months NO Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Jay Frot

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

14. Maiden name Catherine Barnes

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

16. (a) Informant Harrel Heliker

(b) Address 1415 Pleasant View Ct. Wash

17. (a) Burial (b) Date thereof 6-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Judith Lewis
(b) Address Mo

19. (a) 6/21/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 [Signature] 3 (M. P. Seal) _____
Address [Signature] Date signed 6/21/42

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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 *R. Blumhoeft*
Licensed Embalmer No. 2806
P. O. Address 6900 Troost 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.

R. O. M. H.