

FILED OCT 13 1943

Registration District No. 149

Primary Registration District No. 100

Registrar's No. _____

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: K. C. Convalescent Home, 3200 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 3 months
In this community 55 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. 6165 Charlotte (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Enoch N. Helms

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased April 20 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 21 hr. _____ min.

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

10. Usual occupation Guard

11. Industry or business Federal Reserve Bank

MOTHER FATHER

12. Name William Helms

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

14. Maiden name Elizabeth Houge
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Blanche Winkfield

(b) Address 6165 Charlotte

17. (a) burial (b) Date thereof 9/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd.

19. (a) 9-21-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1943 hour 7:00 minute — P.M.

21. I hereby certify that I attended the deceased from May-12 1942 to 9-19- 1943
that I last saw him alive on 9-19- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death terrible hemorrhage

Due to arterio-sclerosis

Other conditions hypertensive cardiac failure
(Include pregnancy within 3 months of death)

Major findings: Of operations X
Of autopsy X

Duration
1
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 Dr. Walter W. ... (M.D. or other)
Address 1103 Grand Date signed _____

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

J. H. Riving
Professional R.L.G.
327 20th Street N.E.D.

Revised

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..... *J. H. Riving*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67th St.*

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.)

J. H. Riving

If this body is not embalmed, fact should be so stated above.