

S. No. 2  
4-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 13 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3784E**

Registration District No. **46**

Primary Registration District No. **5149**

Registrar's No. **47**

**1. PLACE OF DEATH:**

(a) County Caldwell

(b) City or town Rural "Somerset"  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 1  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Johnson

(c) City or town Overland Park 999  
(If outside city or town limits, write "RURAL") 149

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

**3. (a) PRINT FULL NAME** HERMAN OTTO HELMEL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Parvanna Helmel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 12 14 1872  
(Month) (Day) (Year)

**8. AGE:**

| Years     | Months    | Days     | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>70</u> | <u>10</u> | <u>9</u> | hr. _____ min.       |

9. Birthplace St. Joseph 1 Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

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

12. Name Carmen Helmel

13. Birthplace 4 Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Catharin Schalk

15. Birthplace 1 Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Laurance Helmel

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 10 25 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Overland Park, Kan.

18. (a) Signature of funeral director Marie Braun

(b) Address Hamilton Mo.

19. (a) Oct 24 1943 (b) Arvine Farrell  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 23  
year 1943 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 22 1943 to October 23 1943  
that I last saw him alive on October 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Generalized Arterio Sclerosis 2

Due to \_\_\_\_\_

Other conditions Multiple Carcinomata 6 yrs.  
(Include pregnancy within 3 months of death)  
Primary in Right orbit.

Major findings: Of operations **PHYSICIAN**  
Of autopsy 55e  
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) (c) Means of injury \_\_\_\_\_

23. Signature Herbert R. Brock (M. D. or other) M.D.

Address Hamilton Mo. Date signed 10/23/43

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

MOTHER FATHER

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Morris A. Bruce  
Licensed Embalmer No. 3918  
P. O. Address Hamilton 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.**