

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1944

State File No. _____

3766

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Children's Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks, 3 days
 (Specify whether years, months or days)
 In this community 3 wks. 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
 (c) City or town Rural - Montrose
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Richard Helprey
 3. (b) If veteran name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
 year 1944 hour 2 minute 26 p.m.
 21. I hereby certify that I attended the deceased from 8-26-1944 to 9-18-1944
 that I last saw him alive on 9-15-1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 28 1944
 (Month) (Day) (Year)

Immediate cause of death: Hypertrophic pyloric stenosis
 Duration 2 mo.

8. AGE: Years _____ Months 2 Days 22 hr. 20 min. _____

Due to _____
 Due to 157 g²

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

10. Usual occupation Infant

Other conditions (Includes pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ralph Helprey
 13. Birthplace Clinton Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bradley
 15. Birthplace Clinton Mo.
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Helprey (father)
 (b) Address Montrose Mo.

17. (a) Removal (b) Date thereof 9 18 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director H. A. Vansant
 (b) Address Clinton Mo.

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? _____

19. (a) 9/18/44 (b) T. G. Brown (B)
 (Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature H. M. Hickey (M. D. or other)
 Address 1624 Prof. Date signed _____

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

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 *A. H. Gervant*

Licensed Embalmer No. 3779

P. O. Address. *Chittore*

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.