

FILED NOV 20 1944
Registration District No. ~~1000~~

Primary Registration District No. 1000

Registrar's No. 1139

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
438 North 17th. Street
(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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan //
(c) City or town Saint Joseph /
(If outside city or town limits, write "RURAL") /
(d) Street No. 438 No. 17th. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

Ellen Esther Helton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John M. Helton, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 14 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Woods

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

14. Maiden name Sylvina Jones

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

16. (a) Informant Miss Orpha Helton

(b) Address 438 North 17th. Street

17. (a) Burial (b) Date thereof 11/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. P. Bauman

(b) Address 319 So. 10th. Street

19. (a) 11/9/44 (b) Eden J. Pichler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1944 hour 9:00 minute 30 a.m.

21. I hereby certify that I attended the deceased from 11/25/44
19 to 11/7/44, 19 ;
that I last saw h. alive on 11/7/44, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary embolism 1 day.

Due to chronic myocarditis 6 mo.

Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy _____
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 0

23. Signature Wm. P. Bauman (M. D. or other) MD
Address Kirkpatrick Bldg. Date signed 11/8/44

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

MOTHER FATHER

1571

Dr. Wayne - Rochester

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 Frank A. Ramsey

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.