

FILED APR 19 1945

Registration District No.

Primary Registration District No. 4099

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North side of Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(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 Mary Hellman

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. Birth date of deceased Sept 25 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Unknown

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. Apple

(b) Address Pleasant Hill, Mo.

17. (a) Cremation (b) Date thereof 4-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) April 10, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1945 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1944 to Mar. 30 1945
that I last saw her alive on Mar. 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Adeno carcinoma of left breast gland
Due to metastasis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 50

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature J. F. Hancock (M. D. or other) D.O.
Address Pleasant Hill, Mo. Date signed 3-31-45

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

9
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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.....

By me 3-30-45....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill Pa*.....

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.