

FILED FEB 20 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entry Jan 15, 1946 0800PM (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Independence 2
(If outside city or town limits, write "RURAL")
(d) Street No. Box 292 Main 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora June Helett

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

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

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

7. Birth date of deceased January 15 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Helett (1)
13. Birthplace Callis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth D. Burger
15. Birthplace Independence, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Helett

(b) Address Sugar Creek, Mo. Box 292

17. (a) Burial (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director Geo. E. Carson Fun Home

(b) Address Independence, Mo.

19. (a) 1-18-46 (b) J. Maxwell Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15
1946 to Jan 17, 1946:
that I last saw her alive on Jan 17
and that death occurred on the date and hour stated above.

Immediate cause of death Thyroid Enlargement
Due to _____
Due to _____

Duration 2 days

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

Major findings: Of operations 64
Of autopsy Thyroid enlargement

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) (b) Means of injury _____

23. Signature Fred W. Junk (M. D. or D.O.)
Address Farmington, Mo. Date signed 1/18/46

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

4975

130

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 *George L. Larson*

Licensed Embalmer No. *2249*

P. O. Address. *Indep. 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.