No. 2
—5-42
5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 223293

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 624

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 459 E. Cherry (High Rest Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 459 E. Cherry
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ALICE HELMAN

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 Widow

6. (b) Name of husband or wife A. W. Helman (dec)

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 1874 (Month) UNK. (Day) UNK. (Year)

8. AGE: Years 72 Months UNK. Days UNK. If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)

10. Usual occupation Home

11. Industry or business

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

16. (a) Informant George Taylor (gr-son)
(b) Address 2724 E. Douglas Wichita, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address 534 St. Louis St. Springfield, Mo.

19. (a) 7-27-46 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1946 hour 5 minute OOP,M M.

21. I hereby certify that I attended the deceased from 2 July 1946 to 25 July 1946 that I last saw her alive on 23 July 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage, Cerebral	10 days
Due to Hypertension Chronic	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Newton Walkemeyer (M. D.)
Address Springfield, Mo. Date signed 27 July 46

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Schaefer

Licensed Embalmer No. 3862

P. O. Address Springfield, 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.