

FILED DEC 19 1946
Registration District No. 2799

Primary Registration District No. 1002

Registrar's No.

5105

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 W. 11 th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... 40 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County... Jackson
(c) City or town... Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 416 W. 11 th. St.
(If rural, give location)
(e) Citizen of foreign country? N. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Helin

3. (b) If veteran, name war... No 3. (c) Social Security No. 496-09-1159

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife... Carl Oscar Helin 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... September 29, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 4 hr. min.

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

10. Usual occupation Nurse

11. Industry or business

12. Name... William Ryan
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Roman
15. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecelia Wren
(b) Address West Haven Hotel, Kansas City

17. (a) Burial (b) Date thereof Dec. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St. Marys Cemetery

18. (a) Signature of funeral director... Frank P. Robinson
(b) Address 20 W. Linwood, Kansas City

19. (a) 12-5-46 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Sept. 1946 to Jan. 1947
that I last saw him alive on Jan. 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion

Due to

Due to

Other conditions... none
(Include pregnancy within 3 months of death)

Major findings: Of operations... none

Of autopsy... none

Duration

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 10

23. Signature... J. H. O'Brien (M.D. or other)
Address Kansas City, Mo. Date signed 12/2/46

MOTHER FATHER

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..... *Maudie Adair*

Licensed Embalmer No. *4016*

P. O. Address..... *20 W. Lincoln*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.