

No. 300
1-10-47
5-17-39
I 3906

FILED JUN 7 1948 199

State File No.

Registrar's No. 2251

Registration District No.

Primary Registration District No. 1002

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

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:
3317 EUCLID AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 39 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS. ESTHER KATHERINE HELGENSEN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. HARRY S. HELGENSEN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JULY 21 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 10 7 hr. min.

9. Birthplace MAQUON ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER {

12. Name GEORGE W. FREEMORE

13. Birthplace UNKNOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA HOOKER

15. Birthplace UNKNOWN WISCONSIN
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry S. Helgesen

(b) Address 3317 Euclid Avenue

17. (a) BURIAL (b) Date thereof JUNE 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 5-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4A

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3317 EUCLID AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28TH
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1 May 1946 to 27 May 1948
that I last saw him alive on 27 May 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 hr.

Due to Cholin myocarditis 2 yrs +

Due to Cirrhosis of liver 2 yrs +
E. coli

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1248

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 _____

23. Signature John Sheldon (M. D. or other) _____
Address 25th & Locust Date signed 28 May 48

Wiley and Clark Hospital

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..... *D. D. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City 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.