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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19745

State File No. _____
Registrar's No. 184

Registration District No. 146 Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(c) Name of hospital or institution:
RESIDENCE: 1312 W. WALNUT ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 YEARS (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 W. WALNUT
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM ALBERT HELM
3. (b) If veteran, NO name war. 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 21
year 1948 hour 4 minute 00 P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA HELM 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 3 20 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1948, to June 21, 1948
that I last saw him alive on June 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Arteria disease
Duration Yes

8. AGE: Years Months Days If less than one day
86 3 1 hr. min.

Due to _____
Due to _____

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

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

10. Usual occupation. RETIRED FARMER

Major findings: _____
Of operations. _____
Of autopsy. _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business NONE
12. Name NO RECORD
13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant ORVILLE HELM
(b) Address 6222 E. 11TH ST. KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. DREXEL, MISSOURI

18. (a) Signature of funeral director. _____
(b) Address 815 W. MAPLE AV. INDEPENDENCE, MO.

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? _____

19. (a) 6-23-48 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Vance E. Link (M.D. or other) _____
Address Independence, Mo Date signed 6/22/48

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.....

Ralph O Jones....., Registered Apprentice No. *61*
working under my personal supervision.

Signed *Vernon M. Reppert*.....

Licensed Embalmer No. *4311*.....

P. O. Address *Buckner, 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.