FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43727

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5513

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 61 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3543 Flora

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3543 Flora

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Alfred c. (Last) Helden

4. DATE OF DEATH (Month) Dec. (Day) 26, (Year) 1949

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married **8. DATE OF BIRTH:** Oct. 17, 1885 **9. AGE** (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) England 4 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Alfred Helden **13b. MOTHER'S MAIDEN NAME** Ellen Serridge **14. NAME OF HUSBAND OR WIFE** ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---- **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Edith Daigdon **ADDRESS** 3543 Flora Ave. Kansas City Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible] — 6 [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 1, 1949, *to* Dec. 26, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl A. Jackson (Degree or title) Carl A. Jackson M.D. **23b. ADDRESS** 1103 [illegible] **23c. DATE SIGNED** 12-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial II **24b. DATE** Dec-29-1949 **24c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cem. **24d. LOCATION** (City, town, or county) Kansas City (State) Missouri

DATE REC'D BY LOCAL REG. 12-29-49 **REGISTRAR'S SIGNATURE** Geraldine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE** D. W. Newcomer's Sons **ADDRESS** 1331 [illegible] Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
Rev. 10-48
3008

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 Albert L. Savage Student Embalmer No. 360, working under my personal supervision.

Student Albert L. Savage
Student Embalmer 360

Signed John C. Fraking
Licensed Embalmer No. 4483
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.