TURN LAM 5	1050			CATE OF DEA		4	<b>42303</b>
FLED JAN 5	1953	STANDARD		CATE OF DEA		State File No	5460
IRTH NO		REG. DIST. NO	149_ ,	RIMARY REG. DIST.		Kegistrar's No	0400
1. PLACE OF DEA	TH			2. USUAL RESID		ned lived. If losti	tution: residence before admission).
<u>Jo</u>	cksm		ENGTH OF	c. CITY (If outside con	Sout i	<u></u>	ic Kson
b. CITY (II autoide ec	sao City	township) STA	Y (in this place) fe	OR TOWN	Kansas C	<u>+y                                    </u>	~ 10
d. FULL NAME OF HOSPITAL OR INSTITUTION		stitution, give street addre 059.101 MEdi	/ U + H	d. STREET ADDRESS	(If rural, give location	n with	3820
3. NAME OF DECEASED	a. (First)	b. (Mid	•	c. (Last)	4. DATE	(Month) <sub>a</sub>	(Day) (Year)
(Type or Print)	lenry	Mor		HELLDERO	DEĂTH	101 4	
S. SEX Male D 6.	White	7. MARRIED, NEVER WIDOWED, DIVORC Married	MARRIED. ED (Specity)	s. date of Birth Sept. 28, 1	9. AGE 6 last bits 892 60	In years of mounts inday) Months	Days Hours Min.
On. USUAL OCCUPATION  dozed during most of works  Dentist	ON (Clive kind of work ng life, even if retired)	10b. KIND OF BUSIN	ESS OR IN- DUSTRY	11. BIRTHPLACE (G	ty and Statemer Foreig	n Country)	12. CITIZEN OF WHAT COUNTRY? US A
3a. FATHER'S NAME	<u>'</u>	13b. MOTHE	R'S MAIDEN		14. NAME OF HU		<del></del>
Morris Helz	berg	<u>`l</u>	Cohen		Hortense		
5. WAS DECEASED EVE Yes, no, or unknown)   (1)		of annulus \	NO	17. INFORMANT			1 ADDRESS
No		l NO		Mrs.Hortens	e Helzberg,	6541 Summ	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO		AMTU	any by	vu lom	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	the underlying cau	, if any, giring DUE TO		<u>.</u>			
ion which caused death.		uting to the death but not se or condition causing de	aik.	· · · · · · · · · · · · · · · · · · ·			4201
19a. DATE OF OPERA- TION	196. MAJOR FIND	INGS OF OPERATION		•	•		20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		1b. PLACE OF INJURY (come, farm, factory, street, o		21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (I	Bour)   21e. INJURY WHILEAT   WORK	OCCURRED OT WHILE AT WORK	21f. HOW DID INJURY	r occuri		
22. I hereby certify alive on	that I attended the	he deceased from 2, and that death o	ccurred at _		he causes and on		saw the deceased above.
23a. SIGNATURE	Du	5 Wes	MD MD	23b, ADDRESS	Frefer	15.64	23c. DATE SIGNED
24a. BURIAL, CREM/ TION, REMOVAL (Specify DUTIAL	245. DATE 12/14/4	L 1	of cemetery Hill Ce		24d. LOCATION (CI Kansas Ci	ty, Misso	uri
DATE REC'D BY LOCA	L   REGISTRAR'S S	IGNATURE	īti.	STINE & McC			DRESS
· ~ · (.) ~ · *	· K Y · · · ·	(Licensed	Embalmer's S	atement on Reverse Sie			
	-						

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	f this ce	rtificate w	as embaln	ned by me,	or by	<u> </u>
		Student	Embalmer	No		
corbing under my paraous) expensions	,	1				

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.)

Licensed Embalmer No..

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

Student Embalmer