

APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10414

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Clay Liberty Mo

(b) City or town Liberty Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Helman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race negro

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

6. (b) Name of husband or wife Cara Helman

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased (Month) 1862 (Day) (Year)

8. AGE: Years 79 Months — Days — If less than one day hr. — min. —

9. Birthplace Neston Mo
(City, town or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature J. J. Basley

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof Mar 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Charles Archer Co

(b) Address Liberty Mo

19. (a) Mar 11 1941 (b) Helman Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Clay

(c) City or town Liberty Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RT 2 (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 1941 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 9 to March 9, 1941; that I last saw him alive on March 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 94 W

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Coronary

Of operations _____

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) Coronary occlusion

(b) Date of occurrence 3-9-41

(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? at home
(Specify type of place) (a) Means of injury _____

23. Signature R. W. Procher (M. D. or other) Coroner

Address Excelsior Springs Mo. Date signed 3-9-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
File Number
14-11-74
Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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, above space should be left blank.