

74
REC'D MAR 22 1938MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7608

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 6295⁵⁷⁴
 (b) Township Hughes Primary Registration District No. 43-73 Registered No. 4
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary M. Helzer 4.2.16
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Nicholas Helzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 - 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

13. NAME Philip Postock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Schweigert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart, Germany

17. INFORMANT Mabel Helzer
(ADDRESS) Graham, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graham, Mo. DATE Mar. 6, 1938

19. FUNERAL DIRECTOR Price Funeral Home
(ADDRESS) Marionville, Mo.

20. FILED March 8, 1938 E. M. Fidler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-2 1938 to 3-4-38, 19.....

I last saw her alive on 3/2 1938 Death is said

to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 1938
1970 Days

Other contributory causes of importance:

Security

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) E. M. Fidler M. D.

(Address) Graham, Mo.

SEP 4 1945

STATEMENT BY LICENSED EMBALMER

I, John W. Price, Licensed Embalmer No. 3229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John W. Price
Licensed Embalmer No. 3229

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)