

REC'D JUL 22 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22563

Do not use this space.

1. PLACE OF DEATH

(a) County Co. Wayne Registration District No. 6-28 <sup>617</sup> <sup>5818</sup>

(b) Township Carthage Primary Registration District No. 5-8-27

(c) City Barnard Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 James Phillip Helzer 426

(a) Residence, No. North West Barnard Mo. St. \_\_\_\_\_ (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

55 5 4 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) Maryville Missouri

13. NAME Carl E. Helzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graham Mo Missouri

15. MAIDEN NAME Ethel Key

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Missouri

17. INFORMANT (ADDRESS) Carl E. Helzer Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.O. Graham Mo. DATE June 19 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell Funeral Home Maryville Mo.

20. FILED 6-19 1938 Name E. Clardy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 38

22. I HEREBY CERTIFY, That I attended deceased from 6-17-38 to 6-17-38, 1938. I last saw him alive on 6-17-38, 1938. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Fracture of skull - 6-17-38  
and probable internal injuries from being struck by truck while crossing across highway # 71 near  
Center

Other contributory causes of importance: None

Name of operation None 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 Struck by truck.

Nature of injury Penetrating fracture R. side head.

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

If so, specify \_\_\_\_\_ (Signed) E. M. Furdley, M. D.

(Address) Graham Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, W D Campbell....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed W D Campbell.....

Licensed Embalmer No. 2020.....

**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.)**