

Registration District No. 29

Primary Registration District No. 602413

Registrar's No. 30

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Leadwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME William Anderson Helms

3. (b) If veteran, name war _____
3. (c) Social Security No. 498-10-9659

4. Sex M
5. Color or race W

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

6. (b) Name of husband or wife Jane Helms

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased (Month) 5 (Day) 31 (Year) 1868

8. AGE: Years 71 Months 4 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer W.P.A.

11. Industry or business _____

MOTHER FATHER { 12. Name John Helms

18. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Jane Winn

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

16. (a) Informant's own signature John Helms

(b) Address Leadwood Mo

17. (a) Burial (b) Date thereof 10 15 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big River Cemetery

18. (a) Signature of funeral director J. St. Boyert

(b) Address Leadwood Mo 701

19. (a) 11/6 1939 (b) W. E. Debecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1939 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept. 1 1939, to Oct 14 1939
that I last saw him alive on Oct. 14, 1939, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency
Due to chronic nephritis 1935

Due to _____
Other conditions 191
(Include pregnancy within 3 months of death)

Major findings:
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) _____
(b) Date of occurrence _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Arnold Frank (M. D. or other) _____
Address Leadwood Mo Date signed _____

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.