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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35111

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. Elizabeth St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Joan Helming

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day October
year 1940 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from September 9th 1940 to Oct 9 1940
that I last saw her alive on Oct 9 - 1940 at 10:30 AM
and that death occurred on the date and hour stated above.

4. Sex Female race Wh.

5. Color Wh.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 21 1940
(Month) (Day) (Year)

Immediate cause of death Bacterial pneumonia

Duration 10/1-1940

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Child

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy Bacterial pneumonia

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Henry Helming

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

14. Maiden name Elizabeth Crank

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

16. (a) Informant Henry Helming

(b) Address Elizabeth St.

17. (a) Burial (b) Date thereof Oct 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director _____

(b) Address 200 Jefferson

19. (a) 10/11/40 (b) Dr. B. J. ...
(Date received local registrar) (Registrar's signature)

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?
It _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. B. J. ... (M. D. or other) _____
Address Jefferson City Mo. Date signed 10/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Kraus
Nat. Life

601 - Central Trust Bldg.

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, fact should be so stated above.