

No. 2
4-13-40
2-1-1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

See also 21999-41
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42997

State File No. 12-10-40

FEB JAN 17 1941

Registration District No. 451 Primary Registration District No. 5616 Registrar's No.

53

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

1. PLACE OF DEATH: Laclede
 (a) County Laclede
 (b) City or town Rural Eldridge
 (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 _____
 years, months or days _____

3. (a) PRINT FULL NAME Joseph Louis Helman
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Alma Helman 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 26 1985
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____
 12. Name Jeliza Helman
 13. Birthplace Laclede, Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Hunter
 15. Birthplace Canada
 (City, town, or county) (State or foreign country)

16. (a) Informant Alma Helman
 (b) Address Prosperine Mo
 17. (a) Burial (b) Date thereof 12/5/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Prosperine

18. (a) Signature of funeral director W.E. Helman
 (b) Address Helman Mo

19. (a) Dec 26 40 (b) W. S. Wachupa
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Laclede
 (c) City or town Rural
 (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 Dec day 3
 year 1940 hour 10 minute 12 M.

21. I hereby certify that I attended the deceased from 10-3
1940 to 10-3 19 40
 that I last saw him alive on 12:30 PM 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio
Coronary Occlusion Duration 3 hrs
 Due to _____
 Due to Cholelithiasis
Cholelithiasis

Other conditions jaundice
 (Include pregnancy within 3 months of death)
 Major findings: no Of operations _____
 Of autopsy _____
 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?
Yes

23. Signature W. S. Wachupa (Specify type of place) _____
 While at work? Yes (e) Means of injury fall
 Address Helman Mo Date signed 12/10/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-61

Date Filed 1-10-41

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.....

Myself, Registered Apprentice No.....
working under my personal supervision.

Signed..... W. E. Halman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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, fact should be so stated above.