

No. 2  
4-13-40  
5-17-39  
PI X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 388

Registration District 668 Primary Registration District No. 5890

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

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia Rural Prairie Twp.  
(c) Name of hospital or institution: R.F.D. # 3.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia Rural  
(d) Street No. R.F.D. # 3.  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cordelia Francis Helms  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Dec. day 6  
year 1940 hour 5:00 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Benj. Franklin Helms  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 1940,  
that I last saw him alive on Dec 5, 1940,  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: August 31 1853  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months 3 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Serulity  
Duration 1 year  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Otterville Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Other conditions Bed Sores  
(Include pregnancy within 3 months of death) CW/15

11. Industry or business \_\_\_\_\_  
12. Name Hutson Windsor  
13. Birthplace W.Va.  
14. Maiden name Mary Jane Pryor  
15. Birthplace W.Va.

Major findings: Cystitis Chronic  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Geo. Farris  
(b) Address Sedalia R.F.D. # 3.  
17. (a) Burial (b) Date thereof Dec. 7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ionia, Mo.

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.  
19. (a) 12/7/40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

23. Signature A. L. Walker (M. D. or other) M.D.  
Address Sedalia Mo Date signed Dec 7/1940

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-14-41

**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.....

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

Signed Geo. Dillard  
Licensed Embalmer No. 3868  
P. O. Address Sedalia 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.