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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14639

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1538 Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1538 Cedar St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Louise Helm
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Helm
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased June (Month) 15 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
21	7	1	hr. min.

9. Birthplace Trenton (City, town, or county), Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Willie Faraison
13. Birthplace Fort Smith (City, town, or county), Arkansas (State or foreign country)
MOTHER
14. Maiden name Myrtle Andrews
15. Birthplace Gallatin (City, town, or county), Missouri (State or foreign country)
16. (a) Informant's own signature Parthenia Brown
(b) Address Trenton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 19 (Day) 1941 (Year)
(c) Place: burial or cremation Maple Grove, Trenton Mo
18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton Mo
19. (a) 1-19-41 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1941 hour 11:00 A minute A M.
21. I hereby certify that I attended the deceased from 9-14-1940 ~~Jan 16~~, 1941 to Jan 16, 1941;
that I last saw her alive on Jan 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	about 1 yr
Due to T.B.	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O R Rooks (M. D. or other)
Address Trenton Mo Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1946

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 Robert B. Harris, Registered Apprentice No. 212 working under my personal supervision.

Signed Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Trenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.