

10-25
13-28
17-30

FILED SEP 13 1941

State File No. 28836

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(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 August day 3
year 1941 hour 7:10 P. M. minute _____ M.
21. I hereby certify that I attended the deceased from Aug - 1
1941 to Aug 3 1941
that I last saw him alive on Aug - 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Uremic Poisoning

Due to Hypertension of Renal Origin

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 J. B. Yorton (M. D. or D. O.)
Address Hannibal Date signed 9/14/41

3. (a) PRINT FULL NAME Otis D Helms

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 2 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	2	hr. _____ min. _____

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business James

12. Name Peter Helms

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

14. Maiden name Elizabeth Thompson

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

16. (a) Informant O. M. Helms

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 8 5 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director J. B. Yorton

(b) Address Hannibal Mo.

19. (a) Aug 9, 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Harold O'Connell

Licensed Embalmer No. *3889*

P. O. Address

Hannibal 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28836
Registrar's No.

Registration District No. 547 Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Nannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeth Hosp.
(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 Otis D. Helms
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. w
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 2, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration _____
Urinary obstruction of _____
Due to _____

Due to Hypertrophy of prostate

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)

(b) 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 _____ (M. D. or other)

Address _____ Date signed _____

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



