

No. 2
1-4-41
-17-39
X28390

FILLED SEP 10 1941
Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **245**

1. PLACE OF DEATH:

(a) County **Casper**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days **0** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Casper**
(c) City or town **Rich Fountain**
(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 _____

3. (a) PRINT FULL NAME **Mary Ann Helges**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **F** 5. Color of race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Baltz W. Helges**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **May 11 1887**
(Month) (Day) (Year)

8. AGE: Years **57** Months **3** Days **11**
If less than one day _____ hr. _____ min.

9. Birthplace **Rich Fountain, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER {
12. Name **John Schroeder**
13. Birthplace **Westphalia, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Schroeder**
15. Birthplace **Westphalia, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Baltz W. Helges**

(b) Address **Rich Fountain, Mo.**

17. (a) **Burial** (b) Date thereof **8-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rich Fountain, Mo.**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **8-23-41** (b) **Noema Richter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22nd**
year **1941** hour **1** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **July 18th** 19**41** to **Aug 22nd** 19**41**
and that death occurred on the date and hour stated above.
that I last saw her alive on **Aug 22nd** 19**41**

Immediate cause of death **Loose Myocarditis**
Due to **Intestinal Obstruction**
Peritonitis
Other conditions **122B**
(Include pregnancy within 3 months of death)

Major findings: **Intestinal Obstruction**
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? _____

While at work _____ (Specify type of place) Means of injury _____
23. Signature **Thomas J. Kelly M.D.** (M. D. or other) _____
Address **Jefferson City** Date signed **Aug 23rd**

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

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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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Sumner, 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.