

Registration District No. 290

Primary Registration District No. 5545

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Iron Union, Mo.
(b) City or town Annapolis
(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 4
In this community Eight months (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY HELVEY
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 MARRIED
6. (b) Name of husband or wife Ada Helvey 6. (c) Age of husband or wife 11 years
7. Birth date of deceased Sept. 9 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 2 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Lumbering

11. Industry or business _____

MOTHER FATHER
12. Name Laura H. Helvey
18. Birthplace Ill. 1 (City, town, or county) (State or foreign country)
14. Maiden name Susan Vassar
15. Birthplace Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Laura Cyles
(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof Nov. -13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director William C. Oler
(b) Address Piedmont, Mo.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 21
(c) City or town _____ (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 Nov. day 11
year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 8-27, 1941, to Nov 11, 1941; that I last saw him alive on Nov. 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Lesion Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 950

PHYSICIAN
Major findings: _____
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) (e) Means of injury L

23. Signature C. S. James, M.D. (M. D. or other)
Address Piedmont, Mo. Date signed 11-16-41

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

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.

999

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

William Coder

Licensed Embalmer No.

3723

P. O. Address

Piedmont, 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, above space should be left blank.

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ADMN