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K23159

FILLED NOV 28 1941

State File No. \_\_\_\_\_

Registration District No. 0678

Primary Registration District No. 59044404

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. James 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 Mo (b) County Phelps

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Road Route 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Everett James Helton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1941 hour 8:10 minute AM M.

4. Sex W 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lynna Helton

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 6 1913  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 14, 1941, to Oct 20, 1941; that I last saw him alive on Oct 20, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 0 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: General Septicemia  
Bergström  
appendix abscess

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  (Include pregnancy within 3 months of death) 12/11

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

Major findings: See Bergström  
Septicemia Appendix

Of operations \_\_\_\_\_

Of autopsy

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Marion Helton

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

14. Maiden name Bona Stale

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

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? \_\_\_\_\_

16. (a) Informant Mrs Lynna Helton

(b) Address Route 2 Rural Mo

17. (a) Burial (b) Date thereof Oct 23:41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Creek Cem.

18. (a) Signature of funeral director W. J. ...

(b) Address Road Mo

19. (a) 11-1-41 (b) Elaine B. ...  
(Date received local registrar) (Registrar's signature)

While at work?  (Specify type of place) (c) Means of injury ...

23. Signature E. A. ... (M. D. or other) ...

Address ... Date signed 11/24/41

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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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 S. L. Mues

Licensed Embalmer No. 3397

P. O. Address Rolla 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.**