

*scholarship*

42336

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

JAN 13 1942 464

Registration District No. \_\_\_\_\_

Primary Registration District No. 4277

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Odessa, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
309 South 1st St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Odessa  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 South 1st St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Isaac Stewart Helm.

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah J Helm 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Dec 9 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

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

MOTHER FATHER { 12. Name John Helm  
13. Birthplace Lafayette Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Summers  
15. Birthplace Lafayette Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Helm  
(b) Address Odessa Mo.

17. (a) Burial (b) Date thereof Jan 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Blumstein

(b) Address Odessa Mo.

19. (a) Jan 2 - 42 (b) Mrs E M. Goodwin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1941 hour \_\_\_\_\_ minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 21 to Dec 31, 1941, that I last saw him live on Dec 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of feet  
Due to Diabetes Duration several yrs.

Due to \_\_\_\_\_  
Other conditions Uremia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 61  
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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 1/2/42

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

RECEIVED

District Health Officer No. 8,

District No. 12

1-7-42

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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

*Grace Blumise*

Licensed Embalmer No.

*2758*

P. O. Address

*Olissa 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.