

Registration District No. 165

Primary Registration District No. 5230

Registrar's No. 58

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

2000

1. PLACE OF DEATH:

(a) County Cedar Jefferson Township  
(b) City or town Stockton, Mo.  
(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
(Specify whether years, months or days) XX

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20  
(c) City or town Stockton 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country XXX

3. (a) PRINT FULL NAME Jerry Marr Helt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Prescilla Keets 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 10, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>15</u>	<u>XX</u> hr. <u>XX</u> min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name C. B. Helt

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

14. Maiden name Unknown

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

16. (a) Informant dad, Helt

(b) Address Stockton

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 4-25-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) May 2, 42 (b) Mrs. Myrtle Bright  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 42 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from March 23 to April 23, 1942  
that I last saw him alive on April 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 3 mo.

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93e2  
Of autopsy

Duration

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)  
(e) Means of injury D

23. Signature Wm B Richter (M. D. or other) D  
Address Stockton Mo. Date signed 4-25-42

1556

RECEIVED

District Health Officer No. 7;

District File Number 5-42-438

Date Filed 1-8-42

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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.....

Licensed Embalmer No.....

P.O. Address.....

*Harriet Almond*

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.