

BUREAU OF THE CENSUS  
FILED DEC 17 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 269

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Leveering Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Addie Mary Helms

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1942 hour 5 minute 30 A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Helms 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 8 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25, 1942 to Oct 27, 1942 that I last saw her alive on Oct 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 9 days

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>19</u>	— hr. — min.

Due to Arterio Sclerosis

Due to an Atrial Hypertension 10yr

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

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

10. Usual occupation at home

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

Major findings: Of operations no 94 a

Of autopsy no

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

MOTHER FATHER { 12. Name John Robinson

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

14. Maiden name not known

15. Birthplace \_\_\_\_\_  
(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) no

(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 \_\_\_\_\_

16. (a) Informant John Helms

(b) Address New London, Mo.

17. (a) Burial (b) Date thereof Oct 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 107 W. Blumy, Hannibal, Mo.

19. (a) 10/31/42 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Hannibal Mo Date signed 10-29-42

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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 Roy P. Schwartz.....

Licensed Embalmer No. 1765.....

P. O. Address 1777 Odum, Hannibal, 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.**