

Registration District No. **316**

Primary Registration District No. **6070**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Monack Star Rt Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOE. H. Helm**

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

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bessie Jane Meredith** 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **Sept 29 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **3** If less than one day hr. _____ min. _____

9. Birthplace **Marion Co. Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Henry Helm**

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

14. Maiden name **Angela Czapka**

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

16. (a) Informant **Jessie Jane Helm**

(b) Address **Monack Star Rt Liberty**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 4-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Cross Roads Cemetery**

18. (a) Signature of funeral director **Coyan Funeral Home**

(b) Address **Farming, Mo**

19. (a) **Nov. 4, 1942** (Date received local registrar) (b) **Byndie Buhmester** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francois**
(c) City or town **Monack Rural** (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **2nd** year **1942** hour **1** minute **A.M.**

21. I hereby certify that I attended the deceased from **September 11th** 19**42** to **Nov. 2nd** 19**42** that I last saw him alive on **November 2nd** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Renal Insufficiency** Duration **2 Mo.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **131 k**

Major findings: Of operations _____

Of autopsy _____

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 **2**

23. Signature **Keith L. Hull** (M. D. or other) **D.O.**

Address **Fredericktown, Mo** Date signed **11-4-42**

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 1142-13

Date Filed 11-13-42

128

DEC 22 1942

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

me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

W. H. Coyle

Licensed Embalmer No. 4084

P. O. Address Warminster

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.