6343

V. S. No. 2
OM—5-42
ev. 5-17-39
1 X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 123 — Primary Registration District No. 5457 — Registrar's No. 1

39
0
0

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove Mo R2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Cass Township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 weeks this time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 615 South Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Henry Franklin Helton

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosetta Carter

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

7. Birth date of deceased June (Month) 10 (Day) 1858 (Year)

8. AGE: Years 84 Months 7 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Near Republic, Greene Co. Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist & Engineer

11. Industry or business Oil field Machinist

FATHER
12. Name Arnold Helton
13. Birthplace ..... Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rhoda Yeakley
15. Birthplace ..... ~~Mo~~ Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. E. Mills
(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Prospect Cemetery

18. (a) Signature of funeral director Lena Brown
(b) Address Walnut Grove Mo

19. (a) 1-14-1943 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1943 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Jan 4-1943
~~Jan 10~~ 1943, to Jan 10 - 1943;
that I last saw him alive on Jan - 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to and Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

61

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Barber MD. (M. D. ~~or other~~)
Address Walnut Grove Mo Date signed 1/13/43

12 6 9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-2-18
Date Filed 2/11/43

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 Gene A. Brien

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.