

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

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

FILED MAY 15 1943

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1897

1. PLACE OF DEATH:

(a) County RIPLEY  
 (b) City or town DONIPHAN Mo.  
 (c) Name of hospital or institution 1  
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
 years, months or days 20 yrs (FRANCES)

3. (a) PRINT FULL NAME SARA H FRANCES HELVEY

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept. 7-1869  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Grauer County N.Y. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name F. W. Richmond

13. Birthplace Grauer County N.Y. 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ruster

15. Birthplace Grauer County N.Y. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant F. L. Elliott  
 (b) Address Maylor Mo.

17. (a) Burial (b) Date thereof April 18, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemt.  
 18. (a) Signature of funeral director B. Locke Mortuary  
 (b) Address Doniphan Mo.  
 19. (a) 4/19/43 (b) Ed Johnston  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91  
 (c) City or town Doniphan 0  
 (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 April day 16  
 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-1-1942 to April 16, 1943  
 that I last saw her alive on 4-16-1943  
 and that death occurred on the date and hour stated above

Immediate cause of death Cancer metastasizing to heart & throat from pelvis  
 Due to Cancer of pelvis and uterus  
 Due to \_\_\_\_\_

Duration

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

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Edw. Johnson (M. D. or other)  
 Address Doniphan, Mo. Date signed 4-19-43

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

91  
 1  
 0

RECEIVED

JUN 2 1961

District Health Officer No. 5,

District File Number 543319

Date Filed 5-13-43

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Cammy Ark.

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.