

FILED SEP 9 1943

Registration District No. .... Primary Registration District No. 5019

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Helena, Roshiko, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: Libs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew  
(c) City or town Helena, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi south (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from the body  
19... to ... 19...  
that I last saw h... alive on ... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration ?

Due to ...  
Due to ...

Other conditions (Include pregnancy within 3 months of death) ABD

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 Clifford L Steedly (M. D. or other) MO  
Address Dorchester Mo. Date signed 7/29/43

3. (a) PRINT FULL NAME ISABEL TEAFORD

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

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

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

7. Birth date of deceased: June 21 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 2 If less than one day hr. min.

9. Birthplace: Andrew Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

MOTHER FATHER { 12. Name Alfred Brown  
13. Birthplace Ill  
14. Maiden name Mary Fabis  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant W.S. Qualper  
(b) Address Helena

17. (a) Burial (b) Date thereof 7-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Dorchester Mo

18. (a) Signature of funeral director: John Brown  
(b) Address: Marysville Mo.

19. (a) 8-7-43 (b) H. Fritelman  
(Date received local registrar) (Registrar's signature)

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

**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.....

*John G. Brown*

Licensed Embalmer No. 3933

P. O. Address Maypsville md

**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.**