

S. No. 2  
M-2-43  
5-17-39  
I X3555

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34970

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

Registrar's No. 82

LED NOV 12 1943

Registration District No. 755

Primary Registration District No. 3127

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Wetzel City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Wetzel City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1303 W. Douglas Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Helena Marie Collins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Sept 3, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Thomas Collins

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

14. Maiden name Thelma Jean

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

16. (a) Informant Thomas Collins

(b) Address Wetzel City, Mo.

17. (a) Burial (b) Date thereof Oct 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Wetzel City and Co.

(b) Address Wetzel City, Mo.

19. (a) Oct. 4, 1943 (b) Mrs. Lillie Toole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1943 hour 8:55 minute 01 M.

21. I hereby certify that I attended the deceased from Sept 3, 1943 to Oct 2, 1943  
that I last saw her alive on Oct 2  
and that death occurred on the date and hour stated above.

Immediate cause of death Tremulous Retch

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

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 \_\_\_\_\_

23. Signature C. J. Gregory (M. D. or other) Do  
Address 101 1/2 Brady Street, Mo. Date signed 10/12/43

43-16-887

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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 myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.**