

FILED DEC 9 1943

Registration District No. 316

Primary Registration District No. 3060

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

1. PLACE OF DEATH:

(a) County ST. FRANCIS

(b) City or town FARMINGTON
(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. _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State MISSOURI (b) County ST. FRANCIS 4

(c) City or town FARMINGTON !
(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. _____

3. (a) PRINT FULL NAME MARY ALICE HELBER

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

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

6. (b) Name of husband or wife EDWARD HELBER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 23 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 _____ hr. _____ min.

9. Birthplace ST. FRANCIS CITY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS T. DALTON

{ 13. Birthplace ST. FRANCIS CITY MO.
(City, town, or county) (State or foreign country)

{ 14. Maiden name EMILY MARKS

{ 15. Birthplace ST. FRANCIS CITY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HEZZIE GRAHAM

(b) Address FARMINGTON MO.

17. (a) MASONIC CEM. (b) Date thereof 11-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL

18. (a) Signature of funeral director FARMINGTON UND. CO.

(b) Address FARMINGTON MO.

19. (a) Nov. 22, 1943 (b) Tyndie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov 13 to Nov 16 1943 that I last saw her alive on Nov 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Disease

Due to _____

Other conditions (include pregnancy within 3 months of death) gpa

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 Geo. H. Williams (M. D. or other) _____
Address Farmington Mo. Date signed 11-19-43

Duration

15 hrs.

4 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 1243-3004
Date Filed 12-8-43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.