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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2116

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

FILLED FEB 9 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Burhanon  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Meth Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community abt 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Burhanon  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No 1713 No 10 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES - HELVEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. unk (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt 88 hr. min.

9. Birthplace Platte Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Records at Social Office

(b) Address Road - St Joseph MO

17. (a) 13 (b) Date thereof 2-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director St Joseph Fun. Home

(b) Address St Joseph MO

19. (a) 2-2-44 (Date received local Registrar) (b) W. U. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 1-29-1944 to Jan 31 1944  
that I last saw him alive on 1-31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic gangrenous hand (left) Duration \_\_\_\_\_

Due to cerebral arteriosclerosis heart disease

Due to arterio-sclerotic

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature W. U. [Signature] (M. D. or other) Address St Joseph MO signed 2-2-44

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

MOTHER FATHER

**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 Roy Plautney*  
Licensed Embalmer No. *2435*  
P. O. Address *St Joseph 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.**