

FILED MAR 28 1944

Registration District No. 376

Primary Registration District No. 6074

Registrar's No. 54

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge, Roubidoux
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(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 ELIDA HELMS

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora Helms 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21, 1858
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Labor

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Bounds C. Fisher
15. Birthplace Ind. Indians
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Helms
(b) Address Desloge, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-44
(Month) (Day) (Year)
(c) Place: burial or cremation St. Francois, Mo.

18. (a) Signature of funeral director C. J. Boyer
(b) Address Desloge, Missouri

19. (a) MARCH 4, 1944 (Date received local registrar) (b) Sydney Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1944 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Jan 30 1944
that I last saw him alive on July 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo-pneumonia Duration 6 d
Due to Amblyopia

Due to _____

Other conditions: Hypertensive arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings: 13 ft
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 W. C. ... (M. D. or other) _____
Address Desloge Date signed 2/2/44

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

74
0
0

RECEIVED

District Health Officer No. 4
District File Number 244-359
Date Filed 3-27-44

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 C. Z. Bauer
Licensed Embalmer No. 1671
P. O. Address Deeridge

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.