

FILED AUG 11 1944

Registration District No. **132**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town TREATOR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1511 Bolser St
(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

3. (a) PRINT FULL NAME EUGENE DOOLIN HELM

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

4. Sex Male 5. Color of race Black 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased July 29, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 30 min.

9. Birthplace Trenton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Smart Eugene Doolin

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

14. Maiden name Kathleen Helm

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

16. (a) Informant Mary Helm

(b) Address Trenton, Mo

17. (a) burial (b) Date thereof July 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Church Trenton, Mo

18. (a) Signature of funeral director James A. Adams

(b) Address Trenton, Mo

19. (a) 7-30-44 (b) and Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town TREATOR
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 BOLSER
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 29, 1944, to July 29, 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 Premature Birth

Due to _____

Due to _____

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

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) (c) Means of injury 0

23. Signature W. H. Bullus MA (M. D. or other)

Address Trenton, Mo Date signed 7-30-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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
Bo Embalmery, Registered Apprentice No. _____,
working under my personal supervision.

Signed *Raymond A. Williams*
Licensed Embalmer No. *3424*
P. O. Address *Drenton, 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.