

FILED MAY 10 1945

Registration District No. 56

Primary Registration District No. 5204

Registrar's No. 8

17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CARROLL  
(b) City or town BOSWORTH MO. BRIDGE  
(If outside city or town limits, write "RURAL" and name of township) Rockford - ju  
(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.  
In this community ALL HIS LIFE  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL 17  
(c) City or town BOSWORTH MO. RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. SOUTH EAST BOSWORTH MO.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HENRY HELM

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

4. Sex MO 5. Color or race w 6. (a) Single, widowed, married, divorced m  
(b) Name of husband or wife. BLANCHE HELM 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased MARCH 31 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 17 Days 17 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name HENRY CLAY HELM  
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)  
14. Maiden name MARY ANN KERBY  
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant BLANCHE HELM  
(b) Address BOSWORTH MO

17. (a) BURIAL (b) Date thereof 4-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WHARTON CEMETERY

18. (a) Signature of funeral director David G. Edwards  
(b) Address Bosworth mo.  
19. (a) 4-20-45 (b) Helen Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month April day 18  
year 1945 hour 4 minute 40 A.M.  
21. I hereby certify that I attended the deceased from April 18  
1945 to April 18, 1945.  
that I last saw him alive on April 10, 1945.  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremic Poison Duration  
with convulsions

Due to Carcinoma of the  
extending to Kidney  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Major findings: None  
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:  
(c) 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?

(Specify type of place) - While at work? ( ) Means of injury  
23. Signature W. H. Brown (M. D. or other)  
Address Bosworth mo. Date signed April 19 1945

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RECEIVED

District Health Officer No. 8,

Disposal Number \_\_\_\_\_

Date Filed 5/9/45

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 \_\_\_\_\_

*David J. Edwards*  
Licensed Embalmer No. 3165

P. O. Address Bosworth, 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.