S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34500

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 200

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town 105 McCormick Farmington
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 105 McCormick
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Dale Helm
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced s 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-28-45 (Month) (Day) (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace Farmington (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business --
12. FATHER Name Elijah H. Helm
13. Birthplace River Aux Vases (City, town, or county) Mo. (State or foreign country) 0
14. MOTHER Maiden name Coriene Ballard
15. Birthplace Monet (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Elijah Helm
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 10-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Coffman Missouri
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 10-29-45 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1945 hour 4 minute 30 p. M.
21. I hereby certify that I attended the deceased from Oct 28, 1945, to Oct 28, 1945, that I last saw him alive on Oct 28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemaline birth 6 hr	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. M. Hanfield (M. D. or other)
Address Farmington, Mo. Date signed 10-29-45

1291 (Licensed Embalmer's Statement on Reverse Side)

...VED

District Health Officer No. 4

District File Number 1145-1300

Date Filed 11-8-45

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 A H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.