

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4728

State File No. _____

Registrar's No. 43

FILED FEB 19 1946

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Patterson
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Frances Helms

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JACK J. HELMS 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased JAN. 5 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Phillip M. Kinnon
13. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)
14. Maiden name W. Kinnon Jones
15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant JACK J. HELMS
(b) Address Patterson, Mo

17. (a) Burial (b) Date thereof Feb. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Cemetery

18. (a) Signature of funeral director William Colan

(b) Address Piedmont, Mo.

19. (a) 2-9-46 (b) W. H. Mueller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Hypertension Arteriosclerosis
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank E. Amel M. D. or other MO
Address Patterson, Mo Date signed 2/6/46

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

3752

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 246-226

Date Filed 2-13-46

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.....

Coder Funeral Home....., Registered Apprentice No.....
working under my personal supervision.

Signed William Coder.....

Licensed Embalmer No. 3723

P. O. Address Piedmont, Md

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.