S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED JUN 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17158

Registration District No. 173 Primary Registration District No. 4943 Registrar's No. 6

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town CONCORDIA RURAL FRANKLIN TWP
(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 ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE 54
(c) City or town CONCORDIA RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MI SOUTH WEST OF CONCORDIA MO 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES HELT
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE C
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE C
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MARCH (Month) 10 (Day) 1864 (Year)

8. AGE: Years 82 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace FAIRPLAY WISCONSIN 1
(City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
FATHER
12. Name CHARLES H. HELT
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARTHA E HOLLENBECK
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
16. (a) Informant MRS SAM KANOY
(b) Address CONCORDIA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation NEW HOPE
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) May 24 '46 (Date received local registrar) (b) Mrs. Marion Bird (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1946 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1944 ....., 19..., to ....., 19...; that I last saw him alive on May-20-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Prostate	3 yr
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 0

23. Signature O. T. M. Kinney (M. D. or other) MD
Address Warrensburg Mo Date signed 5-29-46

(Licensed Embalmer's Statement on Reverse Side)

123

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 6-5-46

AUG 23 1957

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.