S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23393

State File No.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 68

1. PLACE OF DEATH:

(a) County ~~Daviess~~ Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reid Hospital Bethany, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess 31

(c) City or town Rural Benton Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lily Viola Helms

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Toillis Edward Helms

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan (Month) 8 (Day) 1879 (Year)

8. AGE: Years 67 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Daton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lee Grand Boldman
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Zimmerman
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Ed Helms
(b) Address Pattonsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Avil Band (Christian)

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg Mo

19. (a) 6-8-46 (Date received local registrar) (b) Zola Burris (Registrar's signature)

116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 18th, 1946, to June 4th, 1946; that I last saw her alive on June 3rd, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Functional disease of the heart	4 weeks
Due to Chronic Nephritis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131

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 B Lee Shuhorse (M.D. or other) S X D O

Address Box 207 Pattonsburg Mo. Date signed 6-5-46

(Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pacconsburg 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.