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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24679

FILED AUG 13 1946

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Rural-Logan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Reynolds 90
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Wilhelms
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 2 widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 3 (Day) 1858 (Year)

8. AGE: Years 87 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Reynolds Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Baty Chitwood
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lewis
15. Birthplace Reynolds Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Claude Wilhelm
(b) Address Ellington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chitwood Cemetery
18. (a) Signature of funeral director Phil A Leuchel
(b) Address Van Buren Mo.
19. (a) Aug. 2-46 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1946 hour 7 minute 35a M.
21. I hereby certify that I attended the deceased from July 20 1945 to July 25 1946 that I last saw her alive on July 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Circulatory Failure	2 mins
Due to Intest. Hemorrhage	4 day
Due to Carcinoma Rectum	6 mo

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46d

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 Harry Williams (M. D. or other) DO.
Address Ellington Mo Date signed July 27-46

276 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 846478
Date Filed 8-12-46

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~~ 7-25-46

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

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.