

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Registration District No. 93 Primary Registration District No. 3007

State File No. 29679  
Registrar's No. 323

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:  
1410 Spring  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1410 Spring 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Helm  
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 Henry Helm 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Sept 23, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 11 12 hr. min.

9. Birthplace Wayne Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name George Allen  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Helm  
(b) Address 1410 Spring, Poplar Bluff

17. (a) Burial (b) Date thereof 9/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch  
(b) Address Poplar Bluff, Mo.

19. (a) 9/27/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug, 1946, to Sept 15, 1946  
that I last saw her alive on Sept 15, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 yrs  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93D  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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 0

23. Signature [Signature] (M.D. or P.H.D.) M.D.  
Address Poplar Bluff, Mo. Date signed 9-23-46

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

2  
7  
3

RECEIVED

District Health Office No. 2,

District File Number 1046-1185

Date Filed 10-1-46

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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 Wallace N Fitch .....

Licensed Embalmer No. 3859 .....

P. O. Address Poplar Bluff, 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.