

S. No. 2  
M-5-42  
5-17-39  
P-1 X32875

STANDARD CERTIFICATE OF DEATH

State File No. 32868

FILED NOV 1 1946  
Registration District No. 43

Primary Registration District No. 5140

Registrar's No. 341

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: HOMER Epps Twp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER

(c) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE # 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH VEARY HELSUMS

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 13  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex MALE

5. Color of race WHITE

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

6. (b) Name of husband or wife DOLLIE MAE HELSUMS

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased NOV. 30 1877  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

68 10 13 hr. min.

Duration

Died Without Medical Attention 95

9. Birthplace BUTLER Co. MO. (U)  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Due to \_\_\_\_\_ we believe Mr. Helsums died from a heart attack.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

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

12. Name WILLIAM HELSUMS

13. Birthplace POPLAR BLUFF MO  
(City, town, or county) (State or foreign country)

14. Maiden name JANE SPRADLING  
(City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

The family stated that he was subject to attacks similar to the one he had when he died. They stated he had not consulted a doctor in a number of years.

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph U. Helsums

(b) Address Rt. 6 Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 10/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KAREN CHAPEL

18. (a) Signature of funeral director R. J. Selig jr.

(b) Address Black's Mortuary, Commerce, Ark.

19. (a) 10/14/46 (b) W. H. Helsums  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence (I have reason to believe)

(c) Where did injury occur? The above statement made  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? by the family.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. H. Myretre Registrar  
Address Poplar Bluff Mo. Date signed 10/15/46

35

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

31696

RECEIVED  
District Health Office No. 2,  
District File Number 1046-1273  
Date Filed 10-24-46

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Harman J Selig Jr.  
Licensed Embalmer No. 562  
P. O. Address Canning, Ark.

**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.**