

No. 2  
-12-45  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **386**  
Registrar's No. **26 (25)**

Registration District No. **43** Primary Registration District No. **5143**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Rural Poplar Bluff, Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Elizabeth Levina Helm**  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Edgar D. Helm** 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased **February 7 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 10 28** hr. min.

9. Birthplace **Bates County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **J.A. Womack**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Grogan**

15. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **DENNIS HELM**

(b) Address **R.F.D. Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **1-7-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Creek Cemetery**

18. (a) Signature of funeral director **Frank Cotrell Chapel**

(b) Address **Poplar Bluff, Missouri**

19. (a) **1-18-47** (b) **R.M. Minette**  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **5th**  
year **1947** hour **10** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-5** 19**47**, to **1-5** 19**47**  
that I last saw her alive on **1-5** 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**

Due to **Cerebral Hemorrhage**

Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **83A**

Of autopsy

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 **James W. McPheters** M. D. or other **Med.**

Address **Poplar Bluff, Mo.** Date signed **1-9-47**

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

MOTHER FATHER

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 147-151

Date Filed 1-30-47

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

*John Clark*

Licensed Embalmer No. 4216

P. O. Address Kepler Bluff, N.C.

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.