

Registration District No. 366

Primary Registration District No. 6244

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington, Mo.

(b) City or town Cadet, R.F.D. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community 5 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Cadet, R.F.D. #1
(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 _____

3. (a) PRINT FULL NAME William R. Helton

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1946
Jan 31 1947
that I last saw him alive on Jan 31 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Musetta Mullins

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

7. Birth date of deceased 9 17 1867
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 137B

Of autopsy _____

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

79 4 14 hr. _____ min.

9. Birthplace Mooresberg, TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER

12. Name John Helton

13. Birthplace Not Known, TENN.
(City, town, or county) (State or foreign country)

14. Maiden name Sarratt (Not Known)

15. Birthplace Not Known, TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant John Helton

(b) Address Cadet Mo. R.F.D. #1

17. (a) Burial (b) Date thereof 2-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOOD LAWN

18. (a) Signature of funeral director J. See Motherhead

(b) Address He Solo Mo.

19. (a) Feb 1-47 (b) Mrs G. E. Emma
(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 _____

(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 _____

23. Signature J. E. Presswell (M. D. or D.O.) 2/27/47

Address Patton Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

J. E. Motherhead

Licensed Embalmer No.

3531

P. O. Address

Osato rd

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