

FILED APR 17 1947

Registration District No. 52

Primary Registration District No. 6296

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Rural, Kinder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Miles South of Burfordville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community: Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cape Gir
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 Miles South Burfordville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Marshal S. Helderman

3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice T. Helderman 6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Dec 10 1945
(Month) (Day) (Year)

8. AGE: Years: 81 Months: 3 Days: 27 If less than one day: _____ hr. _____ min.

9. Birthplace: Near Burfordville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER, FATHER { 12. Name: Clara Helderman
13. Birthplace: Cape Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name: Paulina Creath
15. Birthplace: Cape Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Era T. Helderman

(b) Address: Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof: 4-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: McGuire Cemetery

18. (a) Signature of funeral director: J. G. Granger
(b) Address: Jackson, Mo.

19. (a) 4-11-47 (b) D. G. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 7
year: 1947 hour: _____ minute: _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Thermal Injury

Due to: 3rd. degree Burns.
Sustained while burning leaves
on his farm

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

Major findings: _____
Of operations: _____
Of autopsy: _____
18/15

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): Accident 16

(b) Date of occurrence: April 7, 1947

(c) Where did injury occur: Burfordville Cape Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On his farm 3 miles south of Burfordville
While at work? yes (Specify type of place) (e) Means of injury: Fire

23. Signature: Dr. G. F. Sigmond (M.D. or other) 3
Address: Jackson, Mo Date signed: 4/10/47

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

RECEIVED

District Health Officer No. 4
District File Number 447-536
Date Filed ~~45~~ 4-16-42

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 Gene C. Cravcraft
Licensed Embalmer No. 4327
P. O. Address Jackson, 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.