S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11772

FILED MAY 6 1948

Registration District No. 8

Primary Registration District No. 6296

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town 3 Miles West Burford Mo. Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence Farm
(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 Missouri (b) County Cape Girardeau
(c) City or town Rural Kinderhook (If outside city or town limits, write "RURAL") 16
(d) Street No. Burfordville (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME AARON SYLVANIS HELDERMAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie Helderman
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased June 5, 1859 (Month) (Day) (Year)

8. AGE: Years 88 | Months 10 | Days 23 | 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
FATHER
12. Name Aaron Helderman
13. Birthplace Burfordville Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Lucinda Creath
15. Birthplace Burfordville Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Norman H. Phelps
(b) Address Patton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director R. Miller
(b) Address Jackson
19. (a) 4-30-48 (Date received local registrar) (b) D. G. Sieber (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1947 to April 28, 1948 that I last saw him alive on March 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs
Due to Plant Known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. I. L. Siebaugh (M. D. or other)
Address Jackson Mo. Date signed 4-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-588

Date Filed 5-5-48

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 Cracraft

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.