

S. No. 572
1-39
32273

FILED JUL 9 1943
Registration District No. **137**

Primary Registration District No. **4214**

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

1. PLACE OF DEATH:

(a) County **HENRY**
(b) City or town **Deepwater**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **HENRY**
(c) City or town **CLINTON Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **205 E GREEN**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Louis Helwig**
3. (b) If veteran, name war
3. (c) Social Security No. **490-059711**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **26**
year **1943** hour **1100** minute **AM**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruby** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **1 12 - 1876**
(Month) (Day) (Year)

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

8. AGE: Years **67** Months **5** Days **14** If less than one day _____ hr. _____ min.

Immediate cause of death **Deceased fell under a truck and the heavy wheel passed over his head. Due to falling him instantly. Was called as coroner.**

9. Birthplace **Chetane Illinois**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Duration **1700**

10. Usual occupation **Highway Employee Road Maintenance**

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Charles Helwig**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mammie Kuehn**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruberta Helwig**
(b) Address **Clinton Mo**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **6/26/43**
(c) Where did injury occur? **Deepwater Henry Mo.**
(City or town) (County) (State)

17. (a) **Burial** (b) Date thereof **6-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Englewood Cem**

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Interstate Highway 13752 near Deepwater Mo.
(Specify type of place)
While at work? **Yes** (e) Means of injury **Truck**

18. (a) Signature of funeral director **Fred Wellhausen**
(b) Address **Clinton Mo**

23. Signature **Dr. P. D. Hallingford** (M.D.)
Address **Clinton Mo** Date signed **6/29/43**

19. (a) **June 29, 1943** (b) **Georgia Kitcher**
(Date received local registrar) (registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 6-43-644

Date Filed 7-8-43

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.....

Fred J. Wilkinson

Licensed Embalmer No. 2478

P. O. Address.....

Clinton, 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.