No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944
Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 3433

Registrar's No. 284

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McHarney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether days, months or years)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Purdin
(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 Elby Cloud Helms
3. (b) If veteran, name war —
3. (c) Social Security No. 499-05-7837
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucilla Helms
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 18 (Day) 1874 (Year)
8. AGE: Years 69 Months 8 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace Milan, Sullivan Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Telephone Operator
11. Industry or business Telephone Co.
MOTHER FATHER
12. Name Simon Helms
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A Cassity
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs E C Helms
(b) Address Purdin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Cem.
18. (a) Signature of funeral director Schoenegge
(b) Address Milan, Mo, Wm Frank D.
19. (a) 1-21-1944 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
year 1944 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 1, 1934, to January 11, 1944
that I last saw him alive on January 11, 1944
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Acute Cholecystitis	
Due to: Influenza	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 330
Of autopsy

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)
(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 Gilbert H. Thorgen (M. D. or other) DO
Address Purdin Mo Date signed 1-14-44

456 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.