

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Darlington
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 20 Webster St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs (Specify whether years, months or days)
In this community 9 yrs

3. (a) PRINT FULL NAME

Wallace E. Helms

3. (b) If veteran,

name war World War I

3. (c) Social Security

No. 487-14-9086

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Mae Helms

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 21 1897
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

46

8

22

hr. min.

9. Birthplace

Purdin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Mechanic

11. Industry or business

12. Name

Simon Helms

13. Birthplace

Ohio
(City, town, or county) (State or foreign country)

14. Maiden name

Eva Ida Bell

15. Birthplace

Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant

Eva Mae Helms

(b) Address

Chillicothe Mo

17. (a) Burial

Burial

(b) Date thereof

Mar 15 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Purdin Mo

18. (a) Signature of funeral director

James D. Gordon

(b) Address

Chillicothe Mo

19. (a) Date received local registrar

March 14

(b) Registrar's signature

W. E. K. H. Corry

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Darlington
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 20 Webster
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1944 hour 8:00 minute AM

21. I hereby certify that I attended the deceased from March 13 1944 to March 13 1944
that I last saw him alive on March 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart decompensation?

Due to Angina pectoris few minutes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

W. E. K. H. Corry

(M. D. or other)

Address Chillicothe, Mo Date signed 3/19/44

MAR 29 1944

APR 12 1944

OCT 13 1944

MAY 19 1944

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.....*James D Gordon*.....

Licensed Embalmer No. *1870*

P. O. Address.....*Chillicothe, 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.