

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14932

Do not use this space.

DECEASED MAY 23 1943

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 233
(b) Township Waller Primary Registration District No. 4348
(c) City Waller (d) Street No. 1 Registered No. 6
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helenia Ann Tew
(a) Residence, No. 1 St. 1 (If no street address, write county or city)
(Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1943
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ... min. 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller Mo.
13. NAME Helenia Ann Tew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Jane Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Helenia Ann Tew Waller Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Waller Mo DATE 3-31-43
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Vetter Waller Mo.
20. FILED April 23 1943 Mrs. Virginia Norton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30, 1943
22. I HEREBY CERTIFY, That I attended deceased from March 30, 1943 to March 30, 1943
I last saw h. her alive on March 30, 1943 Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:
Prematurity Date of onset 159
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. B. Vetter, M. D.
(Address) Waller Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-10-30 I X18803

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 *W. B. Wells*.....

Licensed Embalmer No. *1588*.....

P. O. Address *Atterville 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, above space should be left blank. *No Embalming.*