

ED MAY 25 1943 W
Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Helen Marie Marx
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MS
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 2, 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 9 26 _____ hr. _____ min.

9. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Pete Marx
13. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Marie Rose Albright
15. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant K. H. Shubae

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Oliver Amundson

(b) Address Mexico Mo.

19. (a) 4/28/43 (Date received local registrar) (b) Margaret H Mackey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1943 hour 3 minute 30 P. M.

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

Immediate cause of death We find that Helen Marie Marx came to her death by accidental drowning. Duration _____
Due to jury verdict

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) Accident D.O.

(b) Date of occurrence 4/28/43

(c) Where did injury occur? Mexico Andrain Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Re-warris Lake, Mexico, Mo (Specify type of place)

While at work? Play (e) Means of injury fell from small boat into lake

23. Signature E. J. Burton (M. D. or other)

Address Mexico, Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 5-43-933

Date Filed MAY 21 1943

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 *[Signature]*

Licensed Embalmer No. 3569

P. O. Address *[Signature]*

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.