No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37799

State File No.

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 348

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Frankclay, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 Missouri (b) County St. Francois 94
(c) City or town Frankclay
(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 James Ray Helms
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased November (Month) 5 (Day) 1948 (Year)
8. AGE: Years — Months — Days — If less than one day 8 hr. min.
9. Birthplace Frankclay, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Edward Helms
13. Birthplace Black, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Froom
15. Birthplace Leadwood, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Edward Helms
(b) Address Frankclay, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell
18. (a) Signature of funeral director Bert L. Boyer
(b) Address Leadwood Mo
19. (a) 11-8-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1948 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 5, 1948, to Nov 6, 1948 that I last saw him alive on Nov 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to Premature labor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 John W. Hunt (M. D. or other) MD
Address Leadwood, Mo Date signed 11-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1148-1448

Date Filed 11-22-48

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 Berl L. Boyer

Licensed Embalmer No. 3448

P. O. Address Leadwood 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.