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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15091

State File No. _____

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Belleville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 310 Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Wife
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston

(c) City or town Belleville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Jackson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Francis V Belark

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1941 hour 7 minute 30 M.

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 _____

7. Birth date of deceased Apr = 17 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7 hours, 19 41, to 4-28-41, 19 41, that I last saw him alive on 4-28-41 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death Valvular disease Heart Duration _____

9. Birthplace Wier Mo (City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

10. Usual occupation Farmer Ret

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Joseph Belark

13. Birthplace Wier Mo (City, town, or county) (State or foreign country)

14. Maiden name Louisa Patrick

15. Birthplace Howard Mo (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary F. Ormsby

(b) Address Belleville Mo

17. (a) Burial (b) Date thereof 5-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Reformed

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? _____

18. (a) Signature of funeral director James D Gordon

(b) Address Belleville Mo

19. (a) 5-1-41 (b) J M Lucas, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Walter A. Sney (M. D. or other) _____
Address Belleville Mo Date signed 4-30-41

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

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. *1270*

P. O. Address..... *Lehillicoche*

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.