. No. 2
—1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41239

FILED JAN 20 1942

Registration District No. 2 Primary Registration District No. 5-020-207 Registrar's No. 9

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

2
0
6

1. PLACE OF DEATH:
(a) County Andrew,
(b) City or town Rural, Rochester, Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile No. of Rochester, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Andrew, 9
(c) City or town Savannah, Missouri, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Belle Cloud,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
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 October 4th. 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	1	28	hr. min.

9. Birthplace Tama County, (City, town, or county) Iowa, (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER
12. Name H. S. Cloud,
13. Birthplace Unknown, (City, town, or county) Indiana, (State or foreign country)
MOTHER
14. Maiden name Amanda Van Dyke,
15. Birthplace Unknown, (City, town, or county) Indiana, (State or foreign country)
16. (a) Informant Mrs. Minnie Gibbins
(b) Address Rochester, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery,
18. (a) Signature of funeral director Frank A. Bowman
(b) Address Savannah, Mo.
19. (a) Dec. 5, 1941 (Date received local registrar) (b) Mrs. Vernice A. Fite (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd, year 1941 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from November 23, 1941, to December 2, 1941; that I last saw her alive on December 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	3 days
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94.A

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Walter C. Myers (M. D. or other)
Address Savannah Mo Date signed Dec 4 1941

12 (Licensed Embalmer's Statement on Reverse Side)

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 12-2-41

....., Registered Apprentice No.....

working under my personal supervision.

Signed D. W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St. Joseph

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.