

FILED JAN 7 1943

Registration District No. _____

Primary Registration District No. 302J

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Newell Mo

(b) City or town West Plains 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 _____ (Specify whether
years, months or days) 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newell 46

(c) City or town West Plains Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. W. 2nd (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Adella Amelia Belick

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1942 hour 4 minute 40 P. M.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Kersche Belick 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 11 - 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11 1942 to Dec 23 1942
that I last saw h. aw alive on Dec 23 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 35 Months 6 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar pneumonia Duration Dec 3 -

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

Due to _____

Due to 108

10. Usual occupation Housewife

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

MOTHER FATHER

11. Industry or business _____

12. Name Mike Stein

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

14. Maiden name Mary Ann

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Joseph Belick

(b) Address West Plains, Mo

17. (a) (Burial, cremation, or removal) 13 (b) Date thereof 12-25-42
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

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 Robert M

(b) Address West Plains, Mo

19. (a) 12-29-42 (Date received local registrar) Paul Sailer (Registrar's signature)

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature E. C. Cohen (M. D. or other) mo

Address West Plains, Mo Date signed 12-29-42

1120

B. Auer

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

RECEIVED

District Health Officer No 5,

District File Number 1437

Date Filed 1-6-42

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.....

D. D. Robertson

Licensed Embalmer No. 3477

P. O. Address West Plains, 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.