No. 2
—5-42
5-17-39
X32879

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7204

State File No. .....

Registration District No. 273 Primary Registration District No. 5916 Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Perry

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

(c) Name of hospital or institution: Veterans Home Imp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In this community ..... In hospital or institution ..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Perry

(c) City or town: Belgique
(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: 0

3. (a) PRINT FULL NAME: Mary Elizabeth Staelens

3. (b) If veteran, name war: .....

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alois Staelens

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: January (Month) 28 (Day), 1862 (Year)

8. AGE: Years 81 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

FATHER
12. Name: Cyril Pares
13. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Alois Staelens
(b) Address: Belgique, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Belgique, Mo.

18. (a) Signature of funeral director: Bey Funeral Home
(b) Address: Perryville, Mo.

19. (a) 3-7-43 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 1941, 19..., to March 4, 1943; that I last saw her alive on March 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration: ✓

Due to: .....

Due to: .....

Other conditions: Chronic Arthritis (atrophic)
(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): .....

(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: Amos H Bailey (M. D. or other)

Address: Perryville Date signed: 3-5-1943

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1931

Date Filed 3-10-43

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 Albert Bey

Licensed Embalmer No. 3566

P. O. Address Perryville, 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.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7204

Registration District No. 273 Primary Registration District No. 5916 Registrar's No. 24

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Belgique
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME: Mary Elizabeth Stacken
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 28 (Day) 1862 (Year)
8. AGE: Years 81 Months 1 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 4 year 1943 hour minute 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.

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Lobar Pneumonia	
Due to:	
Other conditions: Chronic arthritis (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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY