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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3681

Primary Registration District No. 5820

Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Ward Madrid
(b) City or town: Rural Anderson Rt. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Ward Madrid
(c) City or town: Rural Gideon Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Anderson Rt 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Alma Belew
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) ~~Single~~, married, widowed, ~~divorced~~: Widowed
6. (b) Name of husband ~~or wife~~: Earnest Belew
6. (c) Age of husband or wife if alive, if deceased, years: deceased
7. Birth date of deceased: March (Month) 28 (Day) 1910 (Year)

8. AGE: Years 33 | Months 10 | Days 0 | If less than one day: hr. min.

9. Birthplace: Gideon (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: Own home
MOTHER FATHER
12. Name: Dave Berry
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Belle Cavat
15. Birthplace: (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Ralph Berry
(b) Address: Rt 1 Gideon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Portageville Mo
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell Mo.
19. (a) Jan 28 44 (Date received local registrar) (b) Linda Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1944 hour 12 minute 0 M.
21. I hereby certify that I attended the deceased from 1/27/1944, 19..., to 1/27/1944, 19..., that I last saw her alive on 1/27/1944, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death: Lobar Pneumonia — Duration: 6 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 10 8
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: S. E. Mitchell (M. D. or other) M.D.
Address: Malden Mo Date signed: 1/28/44

558 (Licensed Embalmer's Statement on Reverse Side)

FEB 3 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.