S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 30644

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few hours 0 (Specify whether

In this community Few hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Marquand (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

3. (a) PRINT FULL NAME Jesse A. Belfield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Ms

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 23 (Day) 1938 (Year)

8. AGE: Years 5 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Raymond Belfield
13. Birthplace Belgrade Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fansy Finley
15. Birthplace Agron Ridge Mo (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Belfield

(b) Address Marquand Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 19-4-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade, Mo

18. (a) Signature of funeral director [illegible]

(b) Address Marquand Mo

19. (a) 9-5-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 9 day 2 year 44 hour 11 minute 05 A M.

21. I hereby certify that I attended the deceased from 9/2, 1944, to 9/2, 1944 that I last saw him alive on 9/2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Appendicitis ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address Cape Girardeau Date signed 9/4/44

(Licensed Embalmer's Statement on Reverse Side)

1016

RECEIVED

District Health Officer No. 4

District File Number 1044-4397

Date Filed 10-7-44

1944 - 10 - 30
2

1938 - 10 - 23

5 - 10 - 9

21
2

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.