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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED MAY 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13919

Registration District No. 2 224 Primary Registration District No. 5796 Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Moniteau Co

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

(c) Name of hospital or institution: California, Mo. Rt #3
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau 68

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: California, Mo. Rt #3 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Emma Rachel Reed

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Nov (Month) 16 (Day) 1859 (Year)

8. AGE: Years 86 Months 4 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or country): ____ Penn (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: ____

FATHER
12. Name: John W. Belinger
13. Birthplace (City, town, or country): ____ Penn (State or foreign country)

MOTHER
14. Maiden name: Leah Leyers
15. Birthplace (City, town, or country): ____ Penn (State or foreign country)

16. (a) Informant: A L Scott
(b) Address: California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 7. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Flag Spring Cemt

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

19. (a) 4-5-46 (Date received local registrar) (b) H R Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1946 hour 7/40 minute ____ A.M.

21. I hereby certify that I attended the deceased from Feb. 27, 1946 to April 5, 1946 that I last saw h. alive on April 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma	
Intra abdominal —	1 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 559	

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: J. C. Burk Jr. M.D. (M. D. or other)

Address: California, Mo Date signed 4/5/46

202 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-13-46

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 me

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

working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.