

FILED JUL 12 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 2470

Primary Registration District No. 4358

Registrar's No. 19

1. PLACE OF DEATH:

(a) County New Madrid.
(b) City or town Lilbourn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME David Bellant

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Bellant 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 14 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 15 hr. min.

9. Birthplace New Madrid Co. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business _____

12. Name Lenzie Bellant.

13. Birthplace New Madrid Co. Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Braws.

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

16. (a) Informant Mennie Bellant.

(b) Address Lilbourn, Missouri.

17. (a) Burial (b) Date thereof 7-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park Cem.

18. (a) Signature of funeral director Ponder Funeral Home.

(b) Address Lilbourn, Missouri.

19. (a) 7-5-46 (b) H. L. Ponder Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County New Madrid
(c) City or town Lilbourn.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1946 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 1
1946, to June 29, 1946

that I last saw him alive on June 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 hrs

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature E. E. Jones (M. D. No. _____)

Address Lilbourn, Mo Date signed 7-5-46

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

19873 081 1946 504 022 7-12-46 7

JUL 23 1945

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Missouri

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.