

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 198

Primary Registration District No. 4310

Registrar's No. 14

**1. PLACE OF DEATH:**

(a) County Macon

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

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

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Macon

(c) City or town Berier  
(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** Josephine Bellinger

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

3. (c) Social Security No. ....

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife George Bellinger

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: 9 18 67  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>13</u>	hr. min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business .....

**MOTHER FATHER**

12. Name John Blankenship

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Teter

15. Birthplace College mound Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George Bellinger

(b) Address Berier Mo

17. (a) Burial (b) Date thereof 9-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Mo

18. (a) Signature of funeral director W. Edward

(b) Address Berier Mo

19. (a) 9-30-46 (b) Winnie J. Rowland  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 22  
year 1946 hour 12 minutes 0 P.M.

21. I hereby certify that I attended the deceased from 9/12/46 to 9/22/46, 1946  
that I last saw her alive on 9/22/46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
General arterio  
sclerosis

Due to 5hr

Due to 5yr

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy 94A

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? .....

23. Signature W. Edward (M. D. or other) 0  
Address Macon Mo Date signed 9/28/46

1289 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 10  
District File Number 46-1882  
OCT 14 1946

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 *J. J. Edwards*

Licensed Embalmer No. 1961

P. O. Address. *Beverly 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.