

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27315
Registrar's No. 674

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH: Greene
(a) County Springfield
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp. (D)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days.
In this community 3 Days.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town Stockton (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

3. (a) PRINT FULL NAME Ida Belk
(b) If veteran, name war
(c) Social Security 499-18-7054

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1947 hour 1 minute P. M.

4. Sex Eemale / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A.T. Belk 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased January 25 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 26 1947 to July 29 1947
that I last saw her alive on July 29 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 4
If less than one day hr. min.

Immediate cause of death: Mesenteric vascular thrombosis
Due to: Gangrene of intestines 7 hrs
Obstruction of bowels 10 hrs
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Cook

PHYSICIAN
Major findings: Above
Of operations: 123
Of autopsy:

11. Industry or business
12. Name Marion Martin
13. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hamby
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Ulen Belk
(b) Address Stockton, Missouri
17. (a) Burial (b) Date thereof 7/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alder Cemetary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-7-47 (b) W. Handley 48
(Date received local registrar) (Registrar's signature)

23. Signature J. Robert Lynn (M. D. or other)
Address Springfield Date signed 8/30/47

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

MOTHER FATHER

19
2
6

7

27315

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

James B. Gaughen

Registered Apprentice No. *466*

working under my personal supervision.

Signed.....

Ray H. Mercer Jr.

Licensed Embalmer No. *4432*

P. O. Address..... *Springfield, 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.