

No. 2
A-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9513**

FILED APR 9 1948

Registration District No. **241** Primary Registration District No. **4360** Registrar's No. **12**

72
6
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County NEW MADRID
 (b) City or town PORTAGEVILLE
(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 _____ (Specify whether
 In this community LIFETIME years, months or days)

3. (a) PRINT FULL NAME HOMER EUGENE BELLE
 3. (b) If veteran, name war _____ 3. (c) Social Security ' No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced inf
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 20 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 24 _____ hr. _____ min.

9. Birthplace PORTAGEVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation inf

11. Industry or business _____

MOTHER FATHER

12. Name Monroe Belle
 13. Birthplace Portageville MO
(City, town, or county) (State or foreign country)
 14. Maiden name Frances
 15. Birthplace POINT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Brinch
 (b) Address PORTAGEVILLE MO
 17. (a) Burial (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Richard F. ...
 (b) Address Portageville, Mo
 19. (a) 3-15-48 (b) Chew DeLuca
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County New Madrid
 (c) City or town Portageville 72
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Only at birth, 19____, to _____, 19____,
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Deceased without apparent cause

Due to _____
 Due to _____

Other conditions _____
(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 W. L. ... (M. D. or other) 3/16/48
 Address Portageville, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No.
District File Number 448-42
Date Filed 4-7-44

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.....

Not embalmed....., 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.