

FILED APR 19, 1948

Registration District No. 192

Primary Registration District No. 4308

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County Mo. Donald
 (b) City or town Moel
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mc. Donald
 (c) City or town Moel (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 Shos. Oliver Belling
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 8
 year 1948 hour 10:10 minute 2 A.M.

4. Sex mo 5. Color or race w
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maud Belling
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Jan 22 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20 1948 to March 8 1948
 that I last saw him alive on March 8 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 0 16 hr. min.

Immediate cause of death Carcinoma of stomach
Hepatic carcinoma
 Due to _____
 Due to _____

9. Birthplace Nodaway Co. Mo. (
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation laborer

MOTHER FATHER
 11. Industry or business draying
 12. Name Shos. Belling
 13. Birthplace Jeru
 (City, town, or county) (State or foreign country)
 14. Maiden name Maud Belling
 15. Birthplace Jeru
 (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?
 While at work? _____ (Specify type of place) (e) Means of injury 2

16. (a) Informant Maud Belling
 (b) Address Moel Mo
 17. (a) Burial (b) Date thereof Mar 10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bible Cem
 18. (a) Signature of funeral director C. P. Pyle
 (b) Address Summit Ark
 19. (a) 4-1-48 (b) Virginia Buck
 (Date received local registrar) (Registrar's signature)

23. Signature D. D. Fountain M.D. or other _____
 Address Moel Mo Date signed Moel Mo

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

RECEIVED

District Health Officer, No. 6,

District File Number 448-400

Date Filed MAR 15 1948

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..... *E R Pyeatt*

Licensed Embalmer No. 3211

P. O. Address Granville Ark.

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.