o. 2
/47
-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41220

Registration District No. 376 — Primary Registration District No. 6075 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or XXXXXXXX 3 mos. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Esther
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME VERDA MAY BELEW

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife William R. Belew

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May (Month) 24, (Day) 1890 (Year)

8. AGE: Years 58 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Stone Hill, Dent County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business at Mo. State Hospital No. 4

FATHER
12. Name William B. Mann
13. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Estes
15. Birthplace Dent County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Mem. Cem., Desloge, Mo.

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River, Missouri

19. (a) 1-6-1949 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1948 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1948, to Dec. 12, 1948, 19..., that I last saw her alive on Nov. 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Uremia	2 weeks.
Due to: Carcinoma of Colon (hepatic flexure) - Metastasis to liver.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Abdominal Carcinomatous

Of autopsy No autopsy. 4 to E

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Geo. E. Walters (M. D. ~~or other~~)

Address Farmington Mo. Date signed 12-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District Death No. 149-70

Date Filed 1-10-49

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Hot Springs 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.