

S. No. 2  
1-9-441  
7. 5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24865

State File No. ....

FILED AUG 11 1942

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 33

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
AUG 14 1942

1. PLACE OF DEATH:

(a) County Barnes Newtown  
(b) City or town Washburn Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stella Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community July 22-1942 to July 27, 1942 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barnes  
(c) City or town Washburn Mo. (Rural)  
(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 1

3. (a) PRINT FULL NAME Belle Erwin

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Unmarried

6. (b) Name of husband or wife Josh Erwin 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Jan. 12 1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housewife

12. Name Henry Federbush  
13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Penley  
15. Birthplace Calif.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leah Erwin  
(b) Address Washburn Mo.

17. (a) Burial (b) Date thereof 7-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Cem.

18. (a) Signature of funeral director W. D. Koon  
(b) Address Washburn Mo.

19. (a) Aug 1-1942 (b) Dana Keister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 22 1942 to July 27 1942 that I last saw her alive on July 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations .....  
Of autopsy .....  
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? .....

While at work? (Specify type of place) (e) Means of injury D.M.D.  
23. Signature J. D. Caldwell (M. D. or other) D.M.D.  
Address Stella Mo. Date signed 7-29-42

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RECEIVED

District Health Officer No. 6,

District File Number 842-1066

Date Filed AUG 10 1942

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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.....

Licensed Embalmer No. 3220

P. O. Address.....

Cassville, 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.