

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

Rev. 5-17-39  
U.S. 1-28501

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20730  
Registrar's No. 2347

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson Co.  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2112 E 67th St. Jussel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Jackson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2112 E 67th St. Jussel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Bert E. Belles

8. (b) If veteran, name war No 8. (c) Social Security NS09-12-3505

4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife Corra A. Belles 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased 12 - 2 - 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Hubman

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hubman

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bert E. Belles

(b) Address 2112 E 67th St. Jussel

17. (a) Personal (b) Date thereof 6-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Personal  
18. (a) Signature of funeral director H. C. Haas  
(b) Address 110 E. 14th St.  
19. (a) June 24 1940 (b) H. C. Haas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15, 1938, to June 8, 1940  
that I last saw him alive on June 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Chronic Thrombotic Disease

Due to MI

Other conditions (Include pregnancy within 3 months of death)  
Major findings: None  
Of operations None  
Of autopsy None

Duration 3  
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) None

(b) Date of occurrence June 8, 1940

(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 None

23. Signature P. B. Ferguson (M. D. or other) MD  
Address Quincy, Mo. Date signed 6-8-40

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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.....

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, above space should be left blank.**