

FILED OCT 23 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33402**

Registration District No. **968**

Primary Registration District No. **6183**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Rural  
(c) Name of hospital or institution: Belgrade  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Washington  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elsie Belfield

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Richard Robinson

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

14. Maiden name Juda Wright

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

16. (a) Informant Fredie Belfield

(b) Address Belgrade Mo

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried July 15-40

18. (a) Signature of funeral director Sparks

(b) Address Palmer Mo

19. (a) Oct 1 40 (b) Ella White  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 1940  
year \_\_\_\_\_ hour 1 minute 5 P. M.

21. I hereby certify that I attended the deceased from 7/9, 1940, to 7/14, 1940, that I last saw her alive on 7/14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Myocardial infarction  
Phenobarbital was used in treatment.  
Due to Over extension & excitement

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 94 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? 810

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury \_\_\_\_\_

23. Signature W.M. Davidson (Of or other) \_\_\_\_\_

\*Address Belgrade Date signed 7/22

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

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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.**