

S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 968

Primary Registration District No. 6183

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Belgrade Mo
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West of Belgrade
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Ida Belle Land

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

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

6. (b) Name of husband or wife John Land 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name not knowing
13. Birthplace _____
14. Maiden name Mary Redfern
15. Birthplace _____

16. (a) Informant John Land
(b) Address Belgrade Mo

17. (a) _____ (b) Date thereof 2-22-41
(Burial, cremation, or removal) near Belgrade, Mo
(c) Place: burial or cremation Cedar Falls

18. (a) Signature of funeral director Waldwell Bros
(b) Address Feat River Mo

19. (a) March 8-41 (b) Mrs Ella White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1941 hour 4:45 minute 45 A.M.

21. I hereby certify that I attended the deceased as
Coroner 19____
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?
S/O
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. D. M. Davidson
Address Belgrade Mo Date signed 2/21/41

Duration _____
Symptoms _____
Preceding _____
Time _____
Age _____
By effects _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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: