

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 279

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

1. PLACE OF DEATH: Callaway

(a) County: Callaway

(b) City or town: Fulton, Mo

(c) Name of hospital or institution: State Hospital No. 1-2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs 1m - 3d  
(Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: Lewis B. Belen

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: M O

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: Nellie Susan

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

7. Birth date of deceased: June 3 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 16  
hr. \_\_\_\_\_ min. \_\_\_\_\_

If less than one day

9. Birthplace: Callaway Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

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

MOTHER FATHER

12. Name: Newman Belen

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

14. Maiden name: Louisa Petty

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

16. (a) Informant: Reed

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation: Providence

18. (a) Signature of funeral director: Roy A. Holt

(b) Address: New Bloomfield Mo

19. (a) 10-19-41 (b) P. D. Crew  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Callaway

(c) City or town: ~~Fulton~~ New Bloomfield Mo  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Oct  
year 1941 hour 7 minute 9 A. M.

21. I hereby certify that I attended the deceased from 10-18 1941, to 10-19 1941 that I last saw him alive on 10-18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis  
~~Myocarditis~~

Due to \_\_\_\_\_ 2 days

Due to Senile Phyllosis 2 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Of operations: 932

Of autopsy? \_\_\_\_\_

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: \_\_\_\_\_

23. Signature: P. D. Crew (M. D. or other) M.D.

Address: Fulton Mo Date signed: 10/19/41

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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, fact should be so stated above.**

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1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Louis B. Bolen

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

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

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

7. Birth date of deceased June 3 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 10 min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation

11. Industry of business

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof Oct. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Oct 19, 1941 (b) R. M. Crews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day \_\_\_\_\_  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

