

S. No. 2
1-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10457

State File No.

Registration District No. 133

Primary Registration District No. 4078

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne Mo ~~York~~
(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 Life time
years, months & days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Norborne Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Specify No)
If: yes, name country _____

3. (a) PRINT FULL NAME Cynthia Ann Belt

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 1942 hour 9-30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 12-2-41
19____ to 3-9-42 1942

that I last saw her alive on 3-9-42 1942
and that death occurred on the date and hour stated above

4. Sex Female Color or face White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 26 1874
(Month) (Day) (Year)

Immediate cause of death Apoplexy Stroke

8. AGE: Years Months Days If less than one day

67 7 9 hr. L min.

Due to Coronary Thrombosis

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

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business _____

12. Name Anthony Limbird

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

14. Maiden name Cynthia Limbird

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fern Belt

(b) Address Norborne, Mo.

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?

17. (a) Burial (b) Date thereof 3 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leophrany Cemetery

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director John G. Deutch

(b) Address Norborne Mo

19. (a) 3-10-42 (b) Max James Rafferty
(Date received local registrar) (Registrar's signature)

23. Signature B. Cole (M. D. or other) _____

Address Norborne Mo Date signed 3-10-42

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

1055

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date 4-13-42

OCT 25 1943

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.