

Registration District No. 469

Primary Registration District No. 5633

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Nett Vernon mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri State San  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 days  
(Specify whether  
In this community. 32 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Portageville 07.00  
(If outside city or town limits, write "RURAL") 00  
(d) Street No. Route 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Manson Belk

3. (b) If veteran.

No

3. (c) Social Security

None

4. Sex

Male

5. Color or race

Black

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

Married

6. (b) Name of husband or wife

Virginia Belk

6. (c) Age of husband or wife in years

1549

7. Birth date of deceased

Dec

15

1887

8. AGE:

Years

Months

Days

If less than one day

54

3

17

hr.

min.

9. Birthplace

Union Alabama

Alabama

10. Usual occupation

Farming

11. Industry or business

MOTHER

12. Name Frank Belk

13. Birthplace

Union Ala

Ala

14. Maiden name

Mary Nelson

Ala

15. Birthplace

Union Ala

Ala

16. (a) Informant

E. M. C. Michael Beudtke

(b) Address

Missouri State San

17. (a) Removal

Removal

(b) Date thereof

Feb 31 1942

(c) Place: burial or cremation

Portageville mo

18. (a) Signature of funeral director

Nett Vernon mo

(b) Address

Nett Vernon mo

19. (a) 3-29-42

(b) Missouri Crawford

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month March day 29th

year 1942 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 26, 1942 to March 29, 1942  
that I last saw him alive on March 28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pne thro

Duration

Over 7 mos

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 Esther E. Coffman (M. D. or other) \_\_\_\_\_

Address Mo State Sanatorium Date signed 3-29-42

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

55  
2639

1192

(Licensed Embalmer's Statement on Reverse Side) Nett Vernon mo.

APR 13 1942

RECEIVED

District Health Officer - No. 6,

District File Number 442-462

Date Filed APR 9 1942

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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 George B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vernon St

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.