

FILED FEB 15 1943
Registration District No. 336

Primary Registration District No. 10131

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

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None Mountain View
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether in this community, years, months or days)
64 Years

2. USUAL RESIDENCE OF DECEASED: 101
 (a) State Missouri (b) County Shannon
 (c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. R# 3, Rural (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Belew
 (b) If veteran, name war None (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan, day 18th-18
 year 1943 hour 10 minute P.M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, 2 divorced, Widowed
 (b) Name of husband or wife James Belew 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov, 12th, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1942 to Jan - 18 - 1943
 that I last saw her alive on Dec - 20 - 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of Liver & Intestines
 Due to Senile Changes

9. Birthplace Shannon Missouri
(City, town, or county) (State or foreign country)

Other conditions H6K
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy none

11. Industry or business _____
 12. Name Simpson Thomas
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name James Nicholson
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____
(Specify type of place) (e) Means of injury _____

16. (a) Informant Mrs W. J. Weaver
 (b) Address Mountain view, Mo
 17. (a) Burial (b) Date thereof 1/22, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pilgrons nest

23. Signature C. R. Jewell (M. D. or other)
 Address W. J. Weaver Mo Date signed 1/26/43

18. (a) Signature of funeral director John J. Deenour
 (b) Address Mountain view, Mo
 19. (a) 1-27-43 (b) Frank R. Hyde M.D.
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 51

District File Number

243113

Date Filed

2-13-43

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

John F. Duncan

Licensed Embalmer No.

2516

P. O. Address

W. W. View Co

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.