

Hill

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14079**
Registrar's No. _____

FILED MAY 11 1943

Registration District No. **78**

Primary Registration District No. **15805**

1. PLACE OF DEATH:

(a) County **Cole**
(b) City or town **Algoa Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Miles East of Jefferson City, Mo.
(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** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 Miles East of Jefferson City**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Bellman**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **March 10, 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 19 hr. _____ min.

9. Birthplace **Cole Co.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **B. Bellman**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Christine Eller**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Herman Bellman**

(b) Address **Jefferson City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/1/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cemetery**

18. (a) Signature of funeral director **Victor Buescher**

(b) Address **Jefferson City, Mo.**

19. (a) **Apr 10 43** (Date received local registrar) (b) **James A. Hill** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30** year **43** hour **6 AM** minute **60**

21. I hereby certify that I attended the deceased from **1940** to **Jan 30**, 19**43** that I last saw him alive on **1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia Terminal**

Due to **Seriousity of insanity & malnutrition** 3 yrs

Other conditions (Include pregnancy within 3 months of death) **107**

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?

23. Signature **James A. Hill** (M. D. or other) While at work _____ (Specify type of place) (e) Means of injury _____ Address **Jefferson City Mo** Date signed **4/10/43**

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

26
00

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.....

Victor Buescher

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City 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.