

FILED MAY 7 1943
Registration District No. 100

Primary Registration District No. 5391

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

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Texas Township Rural
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt
(c) City or town Texas Township Rural
(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. 0 years.

8. (a) PRINT FULL NAME Belloffet Maury

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Bertha Maury 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: 04 11 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name G. Maury

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

14. Maiden name Dorothy Elizabeth Herron

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Audrey Harris

(b) Address Salmon, Mo.

17. (a) Burial (b) Date thereof 4-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Herman

18. (a) Signature of funeral director Hubert Shanthan

(b) Address Salmon

19. (a) 4-21-43 (b) J. D. Durr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27
year 1943 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from JANUARY 15, 1943, to APRIL 25, 1943

that I last saw him alive on APRIL 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death APOPLECTY

Due to HIGH BLOOD PRESSURE

Due to _____

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

Major findings: Of operations ✓

Of autopsy ✓

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 J. D. Durr (M. D. or other)

Address Salmon, Mo. Date signed 4-27-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No.
District File Number 343293
Date Filed 5-5-42

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 Gayd W. Ford

Licensed Embalmer No. 2910

P. O. Address Salmon 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, above space should be left blank.