No. 2
-2-43
-17-39
X35

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35356

FILED OCT 19 1943

Registration District No. 38 Primary Registration District No. 4355 Registrar's No. 50

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community all of Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Madrid 1172
(If outside city or town limits, write "RURAL") 4
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tolbert Edward Bellon.
3. (b) If veteran, name war No.
3. (c) Social Security No 490-03-6672
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced |
6. (b) Name of husband or wife Anna Bellon
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 19 (Day) 1889 (Year)
8. AGE: Years 54 Months 2 Days 22 If less than one day hr. min.
9. Birthplace New Madrid (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business ✓
FATHER
12. Name Tolbert Edward Bellon
13. Birthplace New Madrid Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Amelia Tony
15. Birthplace New Madrid Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Sidney Bellon
(b) Address New Madrid Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen.
18. (a) Signature of funeral director Richardson Und Co
(b) Address New Madrid Mo
19. (a) 9/14/43 (Date received by local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1943 hour 7:15 minute A.M.
21. I hereby certify that I attended the deceased from May 18 1943 to Sept 3 1943 that I last saw him alive on Sept 3 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder.	1½ years
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: 52	
Of autopsy: No	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. L. Diggs (M. D. or other)
Address New Madrid Mo Date signed 9/13-43

(Licensed Embalmer's Statement on Reverse Side)

1031

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

RECEIVED
District Health Office No. 2,
District File Number 1042-12
Date Filed 10-11-43

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid-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.