

FILED SEP 12 1944

Registration District No. 374

Primary Registration District No. 6062

Registrar's No. _____

33003
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Vista-Rural Rimerick
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair
(c) City or town Roscoe
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion Rigan Belisle

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M. Belisle 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 28 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name William Belisle
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Parthena McClain
15. Birthplace Osceola Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ida Belisle
(b) Address Vista Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 7-28-44 (Date received local registrar) (b) J. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1944 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to 7-26, 1944;
that I last saw him alive on 7-26, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs.
Due to arteriosclerosis of coronary arteries
Due to _____

Other conditions (Includes pregnancy within 3 months of death) 940
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 0
23. Signature T. H. Tangler, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 7-28-44

1100

RECEIVED

District Health Officer No. 7,

District File Number 8-44-1028

Date Filed 9-11-44

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

Paul F. Hinton

Licensed Embalmer No. 3990

P. O. Address Dallas, 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.