V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 29710

Registration District No. 7 Primary Registration District No. 3008 Registrar's No. 312

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1M - 21d (Specify whether years, months or days)
In this community: 1M - 21d

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: Pulaski 14
(c) City or town: Richland 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Belle Delberry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept. (Month) 20 (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 1 If less than one day hr. min.

9. Birthplace: Camden County, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation: NONE
11. Industry or business
MOTHER FATHER
12. Name: Joseph Nofsinger
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Thomsbury
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Perkins
(b) Address: Richland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Richland, Mo.
18. (a) Signature of funeral director: Glen J. Maupin
(b) Address: 712 Court Fulton, Mo.
19. (a) Sept. 26 1946 (Date received local registrar) Joice Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1946 hour 2 15 minute P M.
21. I hereby certify that I attended the deceased from 8-14- 1946 to 9-21- 1946 that I last saw h. alive on 9-21- 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	Months
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 13D	PHYSICIAN
Of autopsy:	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
Signature: Wm J. Cremer (M. D. or other)
Address: Fulton Date signed 9/21/46

38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 9-46-193
Date Filed 9-30-46

MAR 19 1949

JAN 1 1954

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: J. W. Pattson

Licensed Embalmer No. 2555

P. O. Address .....

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.