No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Callahan

State File No. 4678

Registration District No. 142

Primary Registration District No. 5556

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain View, Rural Route
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary Hospital Ironton, Mo 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo 10 days (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46

(c) City or town Mountain View 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida Jane Belew

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 married /

6. (b) Name of husband or wife Otis Belew

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept (Month) 23 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	13	hr. min.

9. Birthplace Montier (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Simpson Thomas
13. Birthplace Shannon Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Tammer Jane Nicholson
15. Birthplace Shannon Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Otis Belew
(b) Address Mountain View, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation [illegible]

18. (a) Signature of funeral director Joe R. Hinman
(b) Address Mountain View, Mo

19. (a) 2/13/1947 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan~~ Feb day 5
year 1947 hour 6 minute a.M.

21. I hereby certify that I attended the deceased from 12-27- 1945, to 2-5- 1947;
that I last saw her alive on 12-24- 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~1-24~~ Chronic Myocarditis	2yrs.
Due to Arteriosclerosis.	5yrs
Due to	
Other conditions Cirrhosis of Liver (Include pregnancy within 3 months of death)	1yr.

Major findings:
Of operations
Of autopsy

124B

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 C. F. Callahan (M. D. ~~or other~~)
Address Willow Springs, Mo Date signed 2-10-47

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(Licensed Embalmer's Statement on Reverse Side)

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mountain View 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.