

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5349

State File No.

FILED FEB 20 1947
Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 19

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **La Grange**
(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. (Specify whether)
In this community **2 Years 4 Months** years, months or days

3. (a) PRINT FULL NAME **Truman William Belmeyer**

3. (b) If veteran, name war **War 1.** 3. (c) Social Security No. **----**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Belmeyer** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **December 9th. 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 28 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **David Belmeyer**

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

14. Maiden name **Nellie Currellas**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Belmeyer**

(b) Address **2036 Lind - Quincy**

17. (a) **Burial** (b) Date thereof **2/10/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra, Missouri.**

18. (a) Signature of funeral director **W. Roberts**

(b) Address **La Grange, Missouri.**

19. (a) **2/12/47** (b) **Dr. Jennings, MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **La Grange**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **7**
year **1947** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **MAY 1** to **FEB 7**, 1947.
that I last saw him alive on **FEB 6**, 1947.
and that death occurred on the date and hour stated above.
Immediate cause of death **CHRONIC MYOCARDITIS** Duration

Due to **HYPERTENSION**

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature **W. L. Ellis, MD** (M. D. or other)
Address **La Grange, MD** Date signed **3/8/47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District Office No. 47-320
Date Filed FEB-19-1947

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.....

Paul A. Vaughn....., Registered Apprentice No. 454
working under my personal supervision.

Signed MA Roberts.....

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.