

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13311

Registrar's No. 641

Registration District No. 141

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Nowell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 yrs (Specify whether years, months or days)
In this community 54 yrs

3. (a) PRINT FULL NAME

Thos W. Belack

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife Elizabeth Belack 6. (c) Age of husband or wife if alive 1078-1859 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Utica, New York (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Dairyming

12. Name w

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

14. Maiden name "

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

16. (a) Informant Ray Belack

(b) Address West Plains, Mo

17. (a) 3 (b) Date thereof 3-14-1947 (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) 4-29-47 (b) Beatrice Cook (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 3/10 1947 to 3/11 1947 that I last saw him alive on 3/11 1947 and that death occurred on the date and hour stated above.
Immediate cause of death

Pneumonia 3 days

Due to Influenza 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33A

Of autopsy

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 33A

23. Signature Maurice Thompson (M. D. or other)

Address West Plains, Mo Date signed 3/21/47

RECEIVED

District Health Officer No. 5,

District File Number 547281

Date Filed 5-10-47

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.....

Robert J. Drago....., Registered Apprentice No. 432,
working under my personal supervision.

Signed J. D. Sakutson.....

Licensed Embalmer No. 3435.....

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.