S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 175

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 105

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Concord Twnp (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Hobart McKinley Belk

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nellie Belk

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: Sept (Month) 30 (Day) 1896 (Year)

8. AGE: Years: 51 | Months: 3 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Gower (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: James Belk

13. Birthplace: ✓ (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Mary Henry

15. Birthplace: ✓ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Nellie Belk

(b) Address: Plattsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Plattsburg, Mo.

18. (a) Signature of funeral director: D. D. Lyon

(b) Address: Plattsburg Mo.

19. (a) 1-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/27/48 day year hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from 1-22-48, 19__, to 1-27-48, 19__; that I last saw him alive on 1-27-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	48 hrs
Due to: Pituitary tumor	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 57E	
Major findings: Of operations: Pituitary tumor	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. H. Ryan (M. D. or other)

Address: St. Joseph Mo Date signed: 1-27-48

(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 Daniel W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.