

National Office of Vital Statistics
FILED JUN 1 1948

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 361A

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Walter Hosp - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell 46

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

(d) Street No. (If usual home location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Belue

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 4 dec years

7. Birth date of deceased Jan 29 - 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 2-8-48 to 4-29-48 19...
that I last saw him alive on 3-30-48 19...
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 3 Days - If less than one day hr. min.

Immediate cause of death Arteriosclerotic Ht. Dis. decompensated

Due to

Due to

9. Birthplace Mountain View Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name J. A. Belue

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

14. Maiden name Sarah G. Gault

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

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?

(e) While at work? (Specify type of place)

(f) Means of injury

16. (a) Informant Chas. Belue

(b) Address Mountain View Mo.

17. (a) Burial, cremation, or removal Removal (b) Date thereof 4-29-48
(Month) (Day) (Year)

(c) Place: burial or cremation Int. View Mo.

18. (a) Signature of funeral director Walter Hosp

(b) Address Springfield Mo.

19. (a) 5-10-48 (b) H. E. Handley JR
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Hays (M. D. or other) O. M. D.

Address Springfield, Mo. Date signed 5-10-48

MOTHER FATHER

Duration all yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 _____

Harry Type Registered Apprentice No. *479*
working under my personal supervision

Signed

Levin G. Scherpf

Licensed Embalmer No.

3802

P. O. Address

Springfield, 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.