

FILED JUL 8 1948

Registration District No. **62**

Primary Registration District No. **4108**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Stockton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Archie Thomas Belk  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 2 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 13 hr. \_\_\_\_\_ min.

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

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Belk Kentucky  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Agnes Stove  
15. Birthplace Clinton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Belk  
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 5 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetery

18. (a) Signature of funeral director Church & Neale  
(b) Address Stockton, Mo.

19. (a) 7-3-48 (b) Geneva Garrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar **20**  
(c) City or town Stockton **2**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **2**  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1948 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from 5-19- 1948 to 5-15- 1948  
that I last saw him alive on 5-15- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Chr. nephritis

Due to Prostatic hypertrophy

Other conditions obstructive

(Include pregnancy within 3 months of death)

Major findings: Of operations 7-31-B

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)

(e) Means of injury 0

23. Signature Wm B Kessler (M. D. or other)

Address Stockton Date signed 5-18-48

RECEIVED

District Health Officer No. 7,

District File Number 6-48-941

Date Filed 7-6-48

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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

*Melvin Church*

Licensed Embalmer No.

*3272*

P. O. Address

*Stockton 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.**