DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1949

Registration District No. 299

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4556

13469

State File No.

Registrar's No. 6

1. PLACE OF DEATH:

(a) County REYNOLDS

(b) City or town CENTERVILLE
(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
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS

(c) City or town CENTERVILLE
(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

3. (a) PRINT FULL NAME BELLE HUNTER LARKIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES LARKIN

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

7. Birth date of deceased APRIL (Month) 25 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	20	hr. min.

9. Birthplace CENTERVILLE (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name SAMUEL HUNTER
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADELINE BOTKINS
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant PAUL LARKIN
(b) Address CENTERVILLE MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 17 (Day) 1949 (Year)
(c) Place: burial or cremation CENTERVILLE CEMETERY

18. (a) Signature of funeral director WHITE + SONS
(b) Address IRONTON MO

19. (a) 4/5/49 (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1949 hour minute M.

21. I hereby certify that I attended the deceased from MARCH 10, 1949, to MARCH 15, 1949; that I last saw her alive on MARCH 14, 1949; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 480	
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. R. Pyrtle (M. D. or other) M. D.

Address Centerville MO Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
[illegible] 449565
Date Filed 4-29-49

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.