

S. No. 300.  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29579  
State File No. \_\_\_\_\_  
Registrar's No. 203

FILED OCT 5 1948

Registration District No. 737

Primary Registration District No. 5508

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

1. PLACE OF DEATH:  
(a) County Kennett  
(b) City or town Monticello, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deerpark Trip  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 yrs  
years, months or days

3. (a) PRINT FULL NAME GERTRUDE ANNA BELLINGHAUSEN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) 2 divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased April 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 20 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Illinois \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Joseph Koenig  
13. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Germany \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Les Bellinghausen  
(b) Address Monticello, Mo

17. (a) Rural (b) Date thereof Oct 2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Monticello, Mo

18. (a) Signature of funeral director Welling Bess  
(b) Address Monticello, Mo

19. (a) 10-2-48 (b) R. H. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Kennett 42  
(c) City or town Monticello 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 29  
year 1948 hour 7 minute 20 A.M.  
21. I hereby certify that I attended the deceased from  
June, 1946, to Sept 29, 1948;  
that I last saw her alive on 25 Sept, 1948;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis, Ch  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: of operations  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. H. [unclear] (M. D. or other) [unclear]  
Address Appleton City Date signed 10-2-48

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1136

Date Filed 10-4-48

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

*Jack Weiser*

Registered Apprentice No. 13

working under my personal supervision.

Signed

*Frank Lee*

Licensed Embalmer No. 1099

P. O. Address

*Appleton City, 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.