

FILED JUN 14 1945

Registration District No.

Primary Registration District No. 4171

Registrar's No. 38

## 1. PLACE OF DEATH:

(a) County De Kalb  
(b) City or town Clarksdale, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution home  
(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) 48 yearsIn this community 48 years3. (a) PRINT FULL NAME LILLIE A. BELCHER3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased 9 30 1955  
(Month) (Day) (Year)8. AGE: 90 Years Months Days If less than one day  
hr. min.9. Birthplace Michigan  
(City, town, or county) (State or foreign country)10. Usual occupation house wife

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

12. Name William Johnson13. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name Ada Campbell15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Jess Belcher(b) Address Stewartsville, Rt 217. (a) Burial (b) Date thereof 5-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clarksdale, Mo.18. (a) Signature of funeral director John J. Brown(b) Address Marionville, Mo.19. (a) 6-9-45 (b) John Clarke  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb  
(c) City or town Clarksdale, Mo.  
(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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7  
year 45 hour 2 Pm minute 0 M.21. I hereby certify that I attended the deceased from 1-4 1945 to 5-6 1945  
that I last saw her alive on 5-6 1945  
and that death occurred on the date and hour stated above.Immediate cause of death Starvation  
Duration 7 hrsDue to Esophageal carcinoma ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) SenilityMajor findings: Of operations 460

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 223. Signature Dr. H. H. ... (M. D. or other) DOAddress Stewartsville, Mo Date signed 5/8/45

69  
2  
821  
40  
11

AUG 7 1945

RECEIVED  
District Health Officer No. 11  
Certificate File Number  
Date Filed

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 John G. Brown  
Licensed Embalmer No. 3933  
P. O. Address Waysville, 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.