

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13767

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1521
(c) City Kansas City (d) Street No. 1116 West 76th St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

430 Richard Belt
(a) Residence, No. 1116 W. 76th St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lulu A. Belt</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28, 1869</u> | | |
| 7. AGE | YEARS <u>70</u> | MONTHS <u>2</u> |
| | DAYS <u>10</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Tire Man</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u> <u>Virginia</u> <u>9</u> | | |
| FATHER | 13. NAME <u>Richard Belt</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs Lulu A. Belt</u> <u>1116 West 76 Street</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>April 10 39</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. H. Newcomer & Sons</u> <u>Brushcreek + Paseo</u> | | |
| 20. FILED <u>Apr 10 19 39</u> <u>M. M. Brown</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Apr 8 1939
I last saw him alive on Apr 8th 1939. Death is said to have occurred on the date stated above, at 2:51 a. m.
The principal cause of death and related causes of importance were as follows:
Angina pectoris
gita

Other contributory causes of importance: ?

Name of operation none Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify E. H. Newcomer & Sons M. D.
(Signed) E. H. Newcomer & Sons
(Address) 806 Health Bldg
J. C. Mc

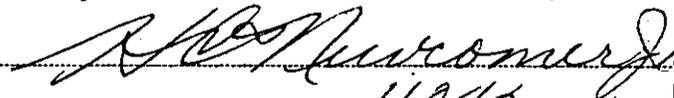
STATEMENT BY LICENSED EMBALMER

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. 4043

P. O. Address.....

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, above space should be left blank.