

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1545
Registrar's No. 4

Registration District No. 26 Primary Registration District No. 5034

1. PLACE OF DEATH:

(a) County Candrian
(b) City or town Wells
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Candrian County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Jan 15, 1940 (Specify whether
In this community unknown years, months or days)

3. (a) PRINT FULL NAME William B. Belcher

3. (b) If veteran, name war unknown 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 66 hr. min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar G. Smith

(b) Address Wells, Mo.

17. (a) Blanche Keely (b) Date thereof 1/16/40

(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Wells, Mo.

18. (a) Signature of funeral director Wells, Mo.

(b) Address Wells, Mo.

19. (a) Jan 15-40 (b) Blanche Keely

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Candrian
(c) City or town Wells Rural (If outside city or town limits, write "RURAL")
(d) Street No. #6 (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Aneurysm
Due to Natural Causes

Due to _____

Other conditions (Include pregnancy within 3 months of death) 20010

Major findings: Of operations _____

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 Coronary

23. Signature W. M. Marlow (If other) Coronary
Address Candrian County Date signed 1-15-40

RECEIVED

District Health Officer No. 10

District File Number 2-40-307

Date Filed FEB 3 1940

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1545
Do not use this space.

1. PLACE OF DEATH

(a) County Andrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 5434
(c) City _____ (d) Street No. _____
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Belcher
(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unk

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt 66

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 15 1940 Blanche Keely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) B. M. Marshall Brown

(Address) Andrain Co

