

Registration District No. 399

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**  
**Jackson**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days) 7 years

**3. (a) PRINT FULL NAME** Richard Belk 420  
**3. (b) If veteran,** name war no **3. (c) Social Security** No. no

**4. Sex** Male **5. Color or race** W **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** Minnie Belk **6. (c) Age of husband or wife if alive** ---- years 1862  
**7. Birth date of deceased** January 29 (Month) (Day) (Year)

<b>8. AGE:</b> Years <u>78</u>	Months <u>1</u>	Days <u>28</u>	If less than one day hr. min.
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**9. Birthplace** Missouri (City, town, or county) (State or foreign country)

**10. Usual occupation**

**11. Industry or business**

**MOTHER FATHER**

**12. Name** Henry Belk 9  
**13. Birthplace** No Record (City, town, or county) (State or foreign country)  
**14. Maiden name** No Record  
**15. Birthplace** No Record (City, town, or county) (State or foreign country)

**16. (a) Informant** Oliver Belk  
**(b) Address** 1927 Broadway

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 3-28-40 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Memorial Park

**18. (a) Signature of funeral director** Mrs. C. L. Forster  
**(b) Address** 918 Brooklyn

**19. (a) Mch 28, 1940** (Date received local registrar) **(b) M. M. Brown** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Eldorado Springs Missouri  
(If outside city or town limit: write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 3 day 26 year 1940 hour 8 minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** March 22, 1940, to March 26, 1940; that I last saw him alive on March 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hyper trophy 5 days  
Coronary Sclerosis  
Chronic bronchopneumonia 2 yrs.  
Myocarditis 131

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** C. M. Counsell (M. D. or other)  
**Address** 709 W 17th St **Date signed** 3/27/40

*129. To call*

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**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 *me*

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *Wesley C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *R. C. M. O.*

**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.**