

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

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19288

Registration District No.

712

Primary Registration District No.

4427

Registrar's No.

13

1. PLACE OF DEATH:

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

In this community _____

3. (a) PRINT FULL NAME

ROBERT SHERMAN BELSHE

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 0 hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Drug Business

12. Name Robert Francis Belshe

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

14. Maiden name Adeline Miller

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

16. (a) Informant's own signature R. Belshe

(b) Address Richland mo.

17. (a) Buried (b) Date thereof 4/30/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R. Belshe

(b) Address Richland mo

19. (a) April 29 1940 (b) Emitt A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Pulaski
(c) City or town Richland mo
(If outside city or town limits, 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 4 day 28
year 1940 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from 4-27 to 4-28, 1940
that I last saw him alive on 4-28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

True Angina 1 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 W

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? 646

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Belshe (M. D. or other) _____

Address Richland MO Date signed 5-6-40

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.

RECEIVED

District Health Officer No. 6,

District File Number 640 644

~~Date of filing 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.

Signed.....

Licensed Embalmer No. 3198

P. O. Address.....

Richland Mo.