

SEP 20 1940

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

29160  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 5-91  
(b) Township Starchie Primary Registration District No. 4249  
(c) City Middletown or (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mollie Helen Belden  
(a) Residence, No. Middletown (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Lud K Belden  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1866  
7. AGE YEARS 73 MONTHS 10 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Montgomery CO  
13. NAME Jessie Swannery  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Mary N. Pearl  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co  
17. INFORMANT (ADDRESS) Mrs. R. R. Polans  
Middletown Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown DATE Aug 18 1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. C. Ruhn  
Wellsville Mo  
20. FILED Aug 18 1940 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 17 - 1940  
22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1940, to Aug. 17, 1940. I last saw her alive on Aug. 17, 1940. Death is said to have occurred on the date stated above, at 12:45 m. The principal cause of death and related causes of importance were as follows:  
Cardiac failure due to gentle catarrhal gastritis.  
Other contributory causes of importance: senility  
Cardio-vascular renal disease  
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? No  
If so, specify \_\_\_\_\_ (Signed) D. H. P. Titus D. O.  
52 (Address) Middletown, Mo.

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.

**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.....

*[Signature]*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *3059*

P. O. Address *Wellsville 7*

**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.**