

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4551

State File No. _____

Registrar's No. 2

FILED FEB 17 1941

Registration District No. 827

Primary Registration District No. 4500

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Mrs Caroline S. Belcher

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm C. Belcher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John E. Townsend

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

14. Maiden name Elizabeth Vandone

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

16. (a) Informant Mrs A.C. Haden

(b) Address Clarence, Mo

17. (a) Funeral (b) Date thereof 1-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo

18. (a) Signature of funeral director Hamilton and Co

(b) Address Clarence, Mo

19. (a) 1-28-41 (b) Ray Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 02

(c) City or town Clarence
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 6

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Jan. 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings: 828
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? _____

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

23. Signature Frank K. Roy (M. D. or other) D.M.S.

Address Clarence, Mo Date signed 1-27-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-298

Date Filed FEB 14 1949

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. 1754

P. O. Address Harrisonville

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.