

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

13791

Registration District No.

26

Primary Registration District No.

3002

Registrar's No.

70

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 (Specify whether years, months or days)
In this community 10 years

3. (a) PRINT FULL NAME Lillie A. Belcher

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Henry Belcher 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Mar 15, 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation House keeping

11. Industry or business

MOTHER FATHER { 12. Name Elmer Johnson
13. Birthplace Callaway co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Annie Johnson
15. Birthplace Callaway Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Bural Belcher

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 4/28/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas. Amick

(b) Address Mexico, Missouri

19. (a) April 28-41 (b) Blanche Neely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain
(c) City or town 1015 S. Trinity Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 S Trinity
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26
year 1941 hour 6 minute 45 AM

21. I hereby certify that I attended the deceased from 12 to April 26 1941
that I last saw him alive on 4-25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocardial infarction
Due to chronic coronary artery atherosclerosis
12/8

Other conditions (Include pregnancy within 3 months of death)

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?

23. Signature Chas. Amick (Specify type of place) (e) Means of injury

Address 112 E. Monroe St. Mexico, Mo. Date signed 4-26-41

RECEIVED

District Health Officer No. 10

District File Number 5-41-981

Date Filed MAY 20 1941

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. 35619

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, fact should be so stated above.