

No. 2  
13-40  
17-39  
X23159

FILED JUL 10 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

21441

State File No. ....

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 25

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town North Kansas City, RR 5  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R. R. 5 North Kansas City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 5 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town R. R. 5 North Kansas City  
(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? 0 years.

3. (a) PRINT FULL NAME George M. Beltz  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 1  
year 1941 hour 8 minute 9 A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lena M.  
6. (c) Age of husband or wife if alive 1860 years

21. I hereby certify that I attended the deceased from Jan 27 41  
....., 19....., to March 1 -, 1941.  
that I last saw him alive on March 1st, 1941  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 11 1860  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
80 5 20 hr. min.

Immediate cause of death  
Coronary Arteriosclerosis

9. Birthplace Clark Co. Ill. /  
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis  
Due to Chronic Myocarditis

10. Usual occupation Minister  
11. Industry or business United Brethern

Other conditions (Include pregnancy within 3 months of death)  
93A

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ray Hemenway  
(b) Address R. R. 5 North Kansas City  
17. (a) Removal (b) Date thereof 5/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director R. A. Fulton  
(b) Address Kansas City, Kansas  
19. (a) 5-2-41 (b) John J. Montan  
(Date received local registrar) (Registrar's signature)

23. Signature James J. Wodge (M. D. or other) D  
Address North Kansas City Date signed 3/2/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number 7-8-41  
Date Filed

**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 PA Shultor

Licensed Embalmer No. 3503

P. O. Address Kansas City, Kansas

**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.**