

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43258

Registration District No. 1169

Primary Registration District No. 6120B

Registrar's No.

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

1. PLACE OF DEATH:
(a) County MADISON
(b) City or town RURAL
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MADISON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR BRUNOT
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM CURTIS BELMAR
3. (b) If veteran. name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 28th
year 1941 hour 10:00 minute P M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife ETHEL BELMAR 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased OCTOBER 15 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 26 1941 to Oct 28 1941;
that I last saw him alive on Oct 28 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 0 13 hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

9. Birthplace BRUNOT MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 830
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name DEE BELMAR

13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name PHALBA RENO

15. Birthplace MADISON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant DEE BELMAR

17. (a) BURIAL (b) Date thereof OCT 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEULAH COM. NEAR BRUNOT
18. (a) Signature of funeral director Norman W. Gish
(b) Address Beulah, Mo.
19. (a) 1-8-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Beulah, Mo. Date signed 1-6-42

JUL 24 1988

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Piedmont, N.C.

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.