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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34203

State File No.

FILED NOV 13 1942

Registration District No. 18 Primary Registration District No. 5692 Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Creek twp RR1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community All life

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

(c) City or town Meadville R.R.#1 Parson Creek twp
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) g
If yes, name country

3. (a) PRINT FULL NAME William Horace Belshe

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lottie Belshe

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 8 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	12	hr. min.

9. Birthplace Linn (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. R. Belshe
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Belle Jones
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Lottie Belshe
(b) Address Meadville Mo R.R.#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 '42 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo.

19. (a) Oct. 23. 1942 (Date received local registrar) (b) Mrs. Vira Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1942 hour 10:05 minute P M.

21. I hereby certify that I attended the deceased from 3-10-42, 19..., to OCT 20, 1942 that I last saw him alive on OCT 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Pulmonary edema

Due to Prostatic cancer

Due to

Other conditions (Include pregnancy within 3 months of death) S/P

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature S. H. Hanson (M. D. or other) D.O.
Address Meadville Mo Date signed 10-21-42

454 (Licensed Embalmer's Statement on Reverse Side)

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

Signed Frank S. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling Mo

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.