

FILED FEB 13 1943
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 607

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Herman A. Belt

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Martha Belt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 29 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>11</u> hr. min.

9. Birthplace St. Louis, Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name Herman Belt

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

14. Maiden name Mary Honkey

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

16. (a) Informant Martha Belt

(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof 1-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director B. W. Buggard

(b) Address Seneca, Mo.

19. (a) 1-16-43 (b) Quintus S. Suckette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1943 hour 12 minute 40 A.M./P.M.

21. I hereby certify that I attended the deceased from July 4 1943 to July 10 1943
that I last saw him alive on July 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat 1 Year

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature H. Vercler (M. D. or other)
Address Joplin Mo Date 1/16/43

43-1:89

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..... *Ogle Stone Jr.*.....
Licensed Embalmer No. *4176*.....
P. O. Address *Neosho 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.