

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21419  
Registrar's No. 65

Registration District No. 1843

Primary Registration District No. 5483

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany Rural Bethany Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1/2 Mile N W of Bethany  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
One Year (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME James Inlow Belt

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

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Telia Belt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 7 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 7 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Robert Benjamin Belt 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Inlow 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Telia Belt  
(b) Address Bethany - Mo

17. (a) Burial (b) Date thereof June 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetry

18. (a) Signature of funeral director W H Noble  
(b) Address New Hampton Mo

19. (a) 6-28-43 (b) Zola M. Burris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Bethany Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 Mile N.W. of Bethany  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1942 hour 3 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from Sept. 12  
\_\_\_\_\_, 1940, to May 30, 1942  
that I last saw him alive on May 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 3 mts.

Due to Rheumatic heart disease 30yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 95 lb

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? \_\_\_\_\_

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

23. Signature R R L... (M. D. or other) MD  
Address Bethany, Mo Date signed 6-27-42

11000  
1942 copy not recorded

**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.....

*M*

....., Registered Apprentice No.....

.....working under my personal supervision.

Signed.....

*W. G. Noble*

Licensed Embalmer No.....

*2964*

P. O. Address.....

*New Hampton*

**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.**