. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31279

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 152

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

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

(d) Street No. 800 Union Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arthur D Beltzer

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Carrie Beltzer

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

7. Birth date of deceased June (Month) 10th (Day) 1861 (Year)

8. AGE: Years 94 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business ✓

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Carrie E Beltzer
(b) Address Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director E. E. Hopper
(b) Address Clarence, Mo.

19. (a) 8-13-45 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-3, 1945 to 8-12, 1945 that I last saw him alive on 8-11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency, Arterio sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R H Williams (M. D. ~~or other~~)

Address Moberly Mo. Date signed 8-13-45

1086 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

RECEIVED
District Health Officer No. 10
District File Number 9-45-1394
Date Filed SEP 17 1945

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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence, 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.