

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

36890

State File No. _____

Registrar's No. 13

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 62Primary Registration District No. 5241

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Rural madison
 (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 _____
 years, months or days

3. (a) PRINT
FULL NAMECoy W. Belcher3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
divorced married
 6. (b) Name of husband or wife Cora Belcher 6. (c) Age of husband or wife if
alive 54 years
 7. Birth date of deceased Feb. I 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 0 _____ hr. _____ min.

9. Birthplace Cedar County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Belcher
 13. Birthplace Cedar County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Stalcup
 15. Birthplace Cedar County, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Belcher(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 11-4-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prarie(a) Signature of funeral director Barber Edwin(b) Address Fair Play, Mo.

19. (a) 11-15-45 (b) Geneva Harrison
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cedar
 (c) City or town Rural madison
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st
 year 1945 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 10-26-45
 _____, 19____, to 10-26-45, 19____;
 that I last saw him alive on 10-26-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 10 min.
 Due to general arterial sclosis 5 yrs.

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Of autopsy none

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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)
 (c) Means of injury _____

23. Signature Ledie B. Wall (M. D. or other)
 Address Springfield, Mo. Date signed 11/14/45

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

Office No. 71

11-45-1220

12-11-45

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

Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.