V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6377

State File No.

Registration District No. 185 Primary Registration District No. 4301 Registrar's No. 14

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

5344

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Meadville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, Meadville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Meadville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARTHA BELL BELSHE
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife JOHN R. BELSHE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 26 (Day) 1854 (Year)

8. AGE: Years 91 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Berksville (City, town, or county) Ky (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Francis M Jones
13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Julia Allen
15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1
16. (a) Informant Troy S Belshe
(b) Address Meadville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville Cem
18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo
Feb. ~~Jan~~ 6-1946 (Date received local registrar) (b) Chris A. Martens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th
year 1946 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 29, 1946 to Feb 3, 1946;
that I last saw her alive on Feb 3, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Pulmonary edema	
Due to: Malnutrition	
Senility	
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 2
23. Signature S. H. Hanson (M. D. or other) 10.0
Address Meadville Mo Date signed 2/6-46

169 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckler, 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.