

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 27 3 1946
Registration District No. **27**

Primary Registration District No. **3005**

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

17380

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Wade Hampton Belton
 3. (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 Pearl Belton 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased February 28 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 1 _____ hr. _____ min.

9. Birthplace Casey's Creek, Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation Bee Keeper & Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Wm. Belton
 13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Hendrickson
 15. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Belton
 (b) Address Plumas, Manitoba-Canada
 17. (a) Burial (b) Date thereof April 1/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plumas, Manitoba, Canada
 18. (a) Signature of funeral director Booth Funeral Home
 (b) Address Butler, Missouri
 19. (a) 3-29-46 (b) Pendall Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29
 year 1946 hour 3:40 minute A M.
 21. I hereby certify that I attended the deceased from March 15 1946 to March 29 1946
 that I last saw him alive on March 29 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Venereal Heart Failure -
Bronchopneumonia (Streptococcus)
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____ 107

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 0
 23. Signature James A. Lusk (M. D. or other) _____
 Address Butler, Mo. Date signed 3/29/46

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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

John H. Underwood

Licensed Embalmer No.

3588

P. O. Address

Butler Jew

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.