

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

47 Study Book  
3720  
State File No. \_\_\_\_\_  
Registrar's No. 9

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
702 East Vernon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CURTIS ELMO BELCHER

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 Single

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

7. Birth date of deceased December 12 1946  
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 1  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Virgil Belcher

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie L. Larmer

15. Birthplace Wichita Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil R. Belcher

(b) Address 702 E Vernon

17. (a) Burial (b) Date thereof Jan. 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockville, Mo.

18. (a) Signature of funeral director Funeral Home

(b) Address Nevada, Mo.

19. (a) 2-1-47 (b) Matthew Janczy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 702 East Vernon  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 13  
Year 1947 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 11  
1947 to Jan 13 1947  
that I last saw him alive on Jan 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death accidental smothering Duration Sudden.  
Baby had a bad head cold.  
Mother took it to bed with her  
during her sleep it smothered.  
Husband awakened at 3 AM to go  
to work & found the baby dead  
in the mother's arms in bed.

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental Smothering

(b) Date of occurrence Jan 13 - 1947

(c) Where did injury occur? In Bed - at home - Nevada, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature W. Love MD  
Address Nevada, Mo Date signed 1/15/47

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

331

CA 5-C  
62-47-1  
ON 20010

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>(has not)</sup> was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Licensed Embalmer No. 1760  
P. O. Address Nevada 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.