

FILED FEB 10 1948

Registration District No. **2880**

Primary Registration District No. **6960**

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Rural Green Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **no**
(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

3. (a) PRINT FULL NAME **Charles B. Belcher**

3. (b) If veteran, name war **World War #2**
3. (c) Social Security No. **XX**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **XX**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **November 11 1906**
(Month) (Day) (Year)

8. AGE: **41** Years **2** Months **6** Days
If less than one day
hr. min.

9. Birthplace **Platte Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **farm**

12. Name **Elihu Belcher**
13. Birthplace **Buchanan Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Susie Anderson**
15. Birthplace **Platte Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Susie Belcher**

(b) Address **Dearborn, Missouri**

17. (a) **Burial** (b) Date thereof **Jan 20, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dearborn Cemetery Vaughn & Aufranc**

18. (a) Signature of funeral director **Dearborn, Missouri**

(b) Address **Dearborn, Missouri**

19. (a) **Jan 23-48** (b) **Chas. Rollins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Green Township**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17**
year **1948** hour **9** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Burned to Death

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) **Accident**
(b) Date of occurrence **Jan. 17, 1948**

(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?
Home on farm burned
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **Tom H. Hulst** (M. D. or other) _____
Address **Platte City Mo** Date signed **1-20-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-9-48

FEB 10 1948

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.