S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13713

FILED MAY 12 1948

Registration District No. 294 Primary Registration District No. 4437 Registrar's No. 125

1. PLACE OF DEATH
(a) County Randolph
(b) City or town Cairo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES MILTON BELSHER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice C. Belsher
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May-20-1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Milton Belsher
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rachael Walden
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Wendell Belsher
(b) Address Cairo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Prairie
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) May 6-1948 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 266

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from May, 1946, to May 3, 1948; that I last saw him alive on 3 May, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac hypertrophy	6 mo
Due to Hypepiesia	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 95	

PHYSICIAN
Underline the cause of 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
23. Signature John S Haydock (M. D. or other) D.O.
Address Cairo Mo Date signed 6 May 48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 2 1948

JUL 22 1948

RECEIVED
District Health Officer No. 10
District File Number 1-48-837
Date Filed MAY 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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.