

FILED FEB 16 1942

Registration District No. 3-47355 Primary Registration District No. 5497

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Henry Davis Twp
(b) City or town near Clinton mo
(c) Name of hospital or institution: RR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY BELTON
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 11 years (Month) (Day) (Year)
7. Birth date of deceased May 11 1850 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Stark Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER { 12. Name Henry Belton
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Charity Henshaw
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant W H Belton
(b) Address Clinton mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalust Beck
(b) Address Clinton mo

19. (a) Jan. 15-42 (Date received local registrar) (b) Georgia Rithman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry
(c) City or town Clinton mo (If outside city or town limits, write "RURAL")
(d) Street No. near Clinton RR (If rural, give location)
(e) Citizen of foreign country? (Yes or No) X
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 1942 year. hour minute M.
21. I hereby certify that I attended the deceased from Jan 12 1942 to Jan 13 1942
that I last saw him alive on Jan 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration one day

Due to Arteriosclerotic arterio-sclerosis Unknown

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: None 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) None
(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?

23. Signature S. B. Hylton (M. D. or other) MD
Address Clinton, Mo. Date signed Jan 15 1942

FILE

RECEIVED

District Health Officer No. 7,

District File Number 2-42-66

Date Filed 2-11-42

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.....

J. E. Conzalus

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.