

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8776  
Registrar's No. 82

National Office of Vital Statistics  
**FILED APR 7 1947**

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Brown Mfg Co no 29  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. 710 E. Clinton St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM, HENRY, BELTON

3. (b) If veteran, name war no

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 Bess Carol Belton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov - 20 - 1897  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 12  
If less than one day hr. min.

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation General Laborer

11. Industry or business

12. Name Richard Belton

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Emabelle Eli 9

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Lowell

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Corralus + Beck

(b) Address Clinton Mo

19. (a) 4-3-47 (b) R B Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1947 to Arrival, 19.....  
that I last saw him alive on Arrival, 19.....  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Runned to death immediate

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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) accident 1/2

(b) Date of occurrence 4/2/47

(c) Where did injury occur? Clinton Henry Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place Industrial place (Brown Mfg Co)  
(Specify type of place)

While at work? yes (e) Means of injury Truck

23. Signatures: R B Kenney (M.D. or other) W D Kenney  
Address Clinton Mo Date signed 4/3/47

MAR 16 1948

RECEIVED  
District Health Officer No. 7,  
District File Number 3-47-326  
Date Filed 4-7-47

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Md

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.