

FILED MAR 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6601

State File No.

112

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1601 N. Summit ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether
In this community 18 years
years, months or days)

8. (a) PRINT FULL NAME Martha Adelin Belt 130

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John N. Belt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 14 1882
(Month) (Day) (Year)

8. AGE: Years > 87 Months 11 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Halsey Quizley 1

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

14. Maiden name Bartley Brown

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

16. (a) Informant Mrs. Vera Beck

(b) Address 1601 N. Summit

17. (a) Burial (b) Date thereof Feb. 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church Home, Buffalo Mo

18. (a) Signature of funeral director Fred C. Thome

(b) Address 1100 Boonville Ave

19. (a) 2/3/40 (b) Chas. A. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1601 N. Summit (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1940 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from 1-26, 1940, to 2-2, 1940

that I last saw her alive on 2-1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 1-26-40 to 2-2-40

Due to _____ 1110

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

290 Signature C. E. Feller (M. D. or other) _____

Address Springfield Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....
Self..... Registered Apprentice No.....
working under my personal supervision.

Signed *R. H. Thieme*.....
Licensed Embalmer No. *3681*.....
P. O. Address *Springfield, 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, above space should be left blank.

X