

FILED JAN 20 1941

Registration District No. 333

Primary Registration District No. 5713

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Quincy - Highland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Quincy County  
(Specify whether  
In this community Quincy  
years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
(c) City or town Macon (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Macon County Infirmary  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Arthur Belcher

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 10 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Chas Belcher

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

14. Maiden name Kate King

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

16. (a) Informant Mo T O Bailey

(b) Address Molokai Mo

17. (a) burial (b) Date thereof Dec 16-40  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Cem

18. (a) Signature of funeral director Adolf Skuman

(b) Address Macon Mo

19. (a) 1/3/41 (b) Leo Kuntz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th year 1940 hour 12 min midnight

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to Dec 14 1940  
that I last saw him alive on Dec 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pemicious Anemia 1932

Due to L \$1W

Due to \_\_\_\_\_

Other conditions 3 generations of spinal 1935  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_

(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? \_\_\_\_\_

476 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J J Turner (M. D. or other) \_\_\_\_\_

Address Macon Mo Date signed 12/20/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-129

Date Filed JAN 10 1941

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.....

Licensed Embalmer No. 4066

P. O. Address Macon, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.