

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Revering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)
In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Revere Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1947 hour 11:45 minute P. M.
21. I hereby certify that I attended the deceased from December 21, 1946 to January 5, 1947
that I last saw him alive on January 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia secondary to Pertussis
Due to Acute B. lateral otitis media
Other conditions 9
(Include pregnancy within 3 months of death)

Duration
3 weeks
2 wks

Major findings:
Of operations _____
Of autopsy _____

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? _____
While at (work) _____ (Specify type of place) (e) Means of injury _____
23. Signature Laurel B. Landon (M. D. or other) 9
Address Hannibal Mo. Date signed 1/6/47

3. (a) PRINT FULL NAME Glenn McClure Belshe

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16, 1940
(Month) (Day) (Year)

8. AGE: Years 5 Months 19 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Lawrence Belshe
13. Birthplace Meadville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Leta McClure
15. Birthplace Cherry Box, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Belshe
(b) Address Hannibal, Missouri

17. (a) Burial (b) Date thereof Jan. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park, Hannibal, Mo.

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal, Mo.

19. (a) Jan 15 '47 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

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

4
3
4

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.....

Ray P. Schwartz

....., Registered Apprentice No.

working under my personal supervision.

Signed *Ray P. Schwartz*

Licensed Embalmer No. *17650*

P. O. Address *Hannibal*

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, above space should be left blank.