

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5699

State File No.

MAR 6 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 41

18
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County.....

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

(c) Name of hospital or institution:
1331 East 13th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 23 years
years, months or days)

3. (a) PRINT FULL NAME Pearl Belcher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jackson Belcher

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 20, 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 2 If less than one day
hr. min.

9. Birthplace Atlanta Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Calvin Johns

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

14. Maiden name Fannie Brown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Vada Elliott

(b) Address 1331 East 13th St.

17. (a) burial (b) Date thereof 2/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Starkins Bros

(b) Address 1729 Lydia

19. (a) 2-1-41 (b) M. D. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1331 East 13th St.
(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 22
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from
Jan 11, 1941 to Jan 22, 1941
that I last saw her alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) g 20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
3/5
(Specify type of place)

While at work? 0 Means of injury 0

23. Signature Maurice V. L. King (M. D. or other) MD
Address 1200 Huron Bldg/CRK Date signed 1-30-41

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

Isaac Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

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.