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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13944

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 422

**1. PLACE OF DEATH:**
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. Methodist Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 70 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 11
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 205 W. Hyde Park 7 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edmond L. Belcher
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Eliza
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March 1, (Month) (Day) 1871 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 70 | 1 | 14 | hr. min. |

9. Birthplace Gower (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired (Transfer Man)
11. Industry or business Transfer
FATHER
12. Name Jahile Belcher
13. Birthplace Clinton county (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Susan Barnes
15. Birthplace Clinton county (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs Eva Cornelius (Daughter
(b) Address 6036 Pryor Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cmemtery
18. (a) Signature of funeral director John E Rupp
(b) Address 6054 Pryor Ave
19. (a) 4/16/1941 (Date received local registrar) (b) W J Nestle bush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15 year 1941 hour 7 minute 15 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on April 15, 1941, to ..., 19...; that I last saw ~~alive~~ ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia of left lung
Due to Self inflicted pistol (38 Caliber) shot wound
Due to of left lung April 3-1941. 1:20 p.m.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy yes

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) attempted suicide
(b) Date of occurrence April 3-1941
(c) Where did injury occur? St Joseph (City or town) Buch. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? His home (Specify type of place)
8 While at work? no (e) Means of injury Self inflicted gun shot in lung
23. Signature H F Mundy (M. D. or other) Coroner M.D.
Address 404 So 3d st Date signed 4/16/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

## 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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E Ruffo

Licensed Embalmer No. 3986

P. O. Address 6054 Fryor Ave., St. Jose

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

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