No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28053

State File No. _____

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 112 East Kansas 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 45 yr 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 024 0

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")

(d) Street No. 112 East Kansas St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH CALVIN BELCHER

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 15 (Day) 1860 (Year)

8. AGE: Years 80 Months 4 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Comon Labor

11. Industry or business " "

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) ✓ (State or foreign country)

MOTHER
14. Maiden name Unknown ✓
15. Birthplace " " (City, town, or county) " (State or foreign country)

16. (a) Informant Francis Belcher

(b) Address Excelsior Spring, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Spring, Mo

19. (a) Aug 27-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1941 hour 11 minute 55 A M.

21. I hereby certify that I attended the deceased from April 1 1941, to Aug 22, 1941 that I last saw him alive on August 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Clinical Diagnosis — Duration 2 years

Due to

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death) 46B

Major findings: Of operations none made

Of autopsy none made

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature John F. Grace (M.D. or other) MD

Address Excelsior Spring Mo Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-41

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.