

FILED JUN 19 1942
398

State File No. _____
Registrar's No. 124

Registration District No. _____ Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL - BLUE TOWNSHIP

(c) Name of hospital or institution: 11018 WINNER ROAD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 5 years and 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 9th & CHERRY STREET (BLACKSTONE HOTEL)
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH VIRGIL BELSHE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 3:30 minute M.

21. I hereby certify that I attended the deceased from _____ 1940, to May 1942
that I last saw him alive on May 1942
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: JUNE 16 1893
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis
Myocardial infarction

Due to: Previous fractured vertebrae 7 & 8

Due to: Hypertension chronic

Other conditions: Pulmonary congestion
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 10 Days 21
If less than one day: _____ hr. _____ min.

9. Birthplace: HALE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: NEWSPAPER EDITOR

11. Industry or business: SUBURBAN LEADER

12. Name: JOSEPH VIRGIL BELSHE

13. Birthplace: LIVINGSTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name: HARRIET ELIZABETH VAN HORN

15. Birthplace: QUINCY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant: Cyril E. Montgomery

(b) Address: 1103 Winner Road, Independence, Mo.

17. (a) BURIAL (b) Date thereof: MAY 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MEADVILLE MISSOURI

18. (a) Signature of funeral director: George M. Collier

(b) Address: 1103 Winner Road, Independence, Mo.

19. (a) 5-5-1942 (b) James C. Glass
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy: 1218

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: J. C. Glass (M. D. or other)

Address: 1103 Winner Rd. Date signed: 5/21/42

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

800

4838

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *1103 Winn St Independence Mo.*

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.