

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 16

FILED APR 19 21943
Registration District No. _____

Primary Registration District No. 3044

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Lucetta Belshe

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James A. Belshe 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Belshe

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

14. Maiden name Bond

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

16. (a) Informant Gail Belshe

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof 3-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 3-17-43 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/15/43 to 3/15/43
that I last saw him alive on 3/15/43 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc Duration 30 min

Due to myocarditis ?

Due to _____

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

Major findings: 95a
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 G. O. Waller (M. D. or other) _____
Address Eldon Mo Date signed 3/17/43

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

MOTHER FATHER

1114

RECEIVED
Miller County Health Dep't.
County File Number 43-31
Date Filed 4-6-43

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.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis D. Phillips

.....
Licensed Embalmer No. 3663

P. O. Address Eldon

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.