

S. No. 2
M-2-43
5-17-39
I X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16820
2394
Registrar's No. _____

FILED JUN 19 1943
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/17-5/21/43
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT LUCINDA BELCHER
FULL NAME

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

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife Isaac Belcher 6. (c) Age of husband or wife if alive Used years
7. Birth date of deceased January 8 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 13 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name ? Dandridge
13. Birthplace S. Caroline
(City, town, or county) (State or foreign country)
14. Maiden name ? unknown
15. Birthplace ? U I
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K. City

19. (a) 5-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from May 17
1943 to May 21 1943

that I last saw him alive on May 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic type
Heart Disease with decompensation

Due to Generalized anasarca

Due to 9513

Other conditions (include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Belcher (M. D. or other) M. A.
Address New Hope #2-600 E. 22nd Date signed 5-21-43

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

MOYLER FATHER

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..... *A. T. Moore*.....
Licensed Embalmer No. *948*.....
P. O. Address..... *Hannover City MD*.....

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.