

S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24642

State File No. _____

Registrar's No. 135

FILED JUL 22 1943

Registration District No. 139

Primary Registration District No. 5218

19
00

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill Mo. Dist
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 yrs (Specify whether years, month or days)

3. (a) PRINT FULL NAME John M. Belcher

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased June 19 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Cass County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Oliver Belcher

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

14. Maiden name Amanda Phillips

15. Birthplace New York NY
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Belcher

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Raymond Cem

18. (a) Signature of medical director J. B. Langford

(b) Address Lees Summit Mo

19. (a) July 17, 1943 (b) Margaret Tolle
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Pleasant Hill Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R 70, 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from May 10 1943, to July 3 1943
that I last saw him alive on July 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Senil Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

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 J. L. Hancock (M. D. or other) _____

Address Pleasant Hill Mo Date signed 7-3-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1047

(Licensed Embalmer's Statement on Reverse Side)

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 H B Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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, above space should be left blank.