

State File No. _____
Registrar's No. 53

Primary Registration District No. 3014

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

FILED AUG 11 1943 73

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
247 W Kansas St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 days _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Dora Dean Belt

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

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

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

7. Birth date of deceased May 6 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Clay Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name George Williams
13. Birthplace Unknown Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Smith
15. Birthplace Unknown Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Underhill

(b) Address 247 W Kansas St Liberty

17. (a) Burial (b) Date thereof July 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson Mo

18. (a) Signature of funeral director [Signature]

(b) Address 119 E Franklins Liberty Mo

19. (a) 7-16-43 (b) Heleen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 10* minute 45 p. M.

21. I hereby certify that I attended the deceased from July 15 1943 to July 15 1943
that I last saw him alive on July 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs

Due to Hypertension Indy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 820'

Major findings: 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 James W. Andrews (M. D. or other) _____
Address Indy Mo Date signed 7/16/43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-10-43

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

Registered Apprentice No.

~~working under my personal supervision.~~

Signed

J. Gardner 3934

Licensed Embalmer No.

3934

P. O. Address

Liberty 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.