

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 501

FILED FEB 14 1945

Registration District No. 1002

Primary Registration District No. 1002

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

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-DAYS (Specify whether years, months or days)

In this community 10 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. CLARE (JACK) BELTMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 487-09-4157

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARY E. BELTMAN

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased NOVEMBER-25-1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>40</u>	<u>2</u>	<u>5</u>	hr. min.
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9. Birthplace THAYER COUNTY NEBRASKA  
(City, town, or county) (State or foreign country)

10. Usual occupation AUTO MECHANIC

11. Industry or business GENERAL MOTORS

MOTHER FATHER

12. Name JOHN E. BELTMAN

13. Birthplace SALINE COUNTY NEBRASKA  
(City, town, or county) (State or foreign country)

14. Maiden name VIOLA J. ARMES

15. Birthplace WAYNE COUNTY ILLINOIS  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Beltrman

(b) Address 3420 Cypress

17. (a) BURIAL (b) Date thereof JAN-2-1945  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Jr.

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 2-1-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 3421-CYPRESS AVENUE  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30<sup>TH</sup>  
year 1945 hour 11 minute 25A.M.

21. I hereby certify that I attended the deceased from 19 to 19 ;  
that I last saw h Coroner alive on 19 ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to (Depressed, Comminuted, Right Temporo-sphenoidal region)

Due to 10-10-45

Other conditions 10-11  
(Include pregnancy within 3 months of death)

Major findings: History & Inspection

Of operations \_\_\_\_\_

Of autopsy see ↑

Duration

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) accident

(b) Date of occurrence 1-27-45  
Leads Oldsmobile plant - Leads, Jackson - Mo

(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?  
Industrial place  
(Specify type of place)

While at work? yes (e) Means of injury Fall

23. Signature James Walker (M. D. or other) Coroner  
Address 1424 Pawnee Rd Date signed 1-31-45

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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. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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.**