

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21020

Registration District No. 251 Primary Registration District No. 3048 State File No. \_\_\_\_\_ Registrar's No. 93

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Maryville  
(c) Name of hospital or institution:  
721 East 7th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 8 years  
years, months or days

3. (a) PRINT FULL NAME Denton DeOrville Belt  
3. (b) If veteran, name was Yes - Spanish 3. (c) Social Security - American

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lillie Belt 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased June 5, 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Baltimore, Md.  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business George W. Belt

12. Name George W. Belt  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Belt  
(b) Address Maryville, Mo.

17. (a) removal (b) Date thereof 6-8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Essex Iowa

18. (a) Signature of funeral director Price Funeral home

(b) Address Maryville Mo  
19. (a) June 8 1946 (b) Jess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway 74  
(c) City or town Maryville 1  
(d) Street No. 721 East 7th St 21  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) P  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4<sup>th</sup>  
year 1946 hour about 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from not  
attended 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on not seen \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration  
Knife wound jugular  
vein Suicide

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation PHYSICIAN \_\_\_\_\_  
Of autopsy no autopsy 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) Suicide  
(b) Date of occurrence June 4<sup>th</sup> 1946  
(c) Where did injury occur? home - maryville Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home (Specify type of place)

While at work? no (e) Means of injury Pocket knife

23. Signature L E Dean Coroner (M. D. or other) MD  
Address Maryville Mo. Date signed 6-46

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

APR 27 1939

STATEMENT BY LICENSED EMBALMER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *W. L. Lee*

Licensed Embalmer No. *2539*

P. O. Address..... *Marville 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.