

**FILED AUG 12 1947**

Registration District No. **47**

Primary Registration District No. **3028**

Registrar's No. **282**

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

14  
1  
2

**1. PLACE OF DEATH:**

(a) County Callaway

(b) City or town Hutton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3432 19d (Specify whether years, months or days) same

**3. (a) PRINT FULL NAME** SARAH A. BELCHER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

6. (b) Name of husband or wife dk 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Nov 15 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>86</u>	<u>8</u>	<u>21</u>	hr. min.

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

10. Usual occupation: work

11. Industry or business: home

12. Name: James Adams b

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

14. Maiden name: Regena Owens

15. Birthplace: Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Doc Records

(b) Address: Hutton Mo

17. (a) ~~Signature~~ (b) Date thereof: 8-7-47  
(Month) (Day) (Year)

(c) Place: burial or cremation: Methodist Church

18. (a) Signature of funeral director: J. B. Keller

(b) Address: Hutton Mo

19. (a) Aug 6 - 1947 (b) John J. Dorsch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Montgomery

(c) City or town Montgomery City  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 5  
year 1947 hour 09 minute 15 p. M.

21. I hereby certify that I attended the deceased from 8-3 1947, to Aug 5 1947  
that I last saw her alive on Aug 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Inanition  
Chronic myocarditis

Due to.....

Due to.....

Other conditions:.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: a 3D

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)

(c) Means of injury.....

Signature: J. G. Caldwell (M. D. or other)

Address: Hutton Mo Date signed: 8-7-47

Duration.....

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 8-11-47

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 self,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed D. B. Kelly  
Licensed Embalmer No. 1588  
P. O. Address Hellville 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.