No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 37038 Depart

Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 108 Hitt 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 59 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 2

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 108 Hitt St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM EVERETT BELDEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Rees Belden

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

7. Birth date of deceased 4 - 15 - 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	6	23	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Physician

11. Industry or business

FATHER
12. Name Henry Belden 1
13. Birthplace Conn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jackson
15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.E. Belden
(b) Address 108 Hitt St., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-10-47 (b) Mrs R E Palmer 31
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from 1937 to Mch. 1, 1937
that I last saw him alive on Nov 8 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis — Duration 14 yrs.
Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 59 B

Of autopsy None

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? No (Specify type of place) 0
While at work? (e) Means of injury

23. Signature W. P. Dyant (M. D. or other) M. D.
Address Columbia Mo Date signed 11-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 19 1947
Date Filed

NOV 20 1947

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.