S. No. 2
—11-10-39
v. 5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24539

State File No.

Registration District No. 54

Primary Registration District No. 5086

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates Hudson Mo

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

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

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

In this community 670

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Hudson Twp Rural
(If outside city or town limits write "RURAL")

(d) Street No. appleton city, mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUCY. ELLEN BEARCE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife DAVID ELEMAEL BEARCE

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

7. Birth date of deceased Mar (Month) 13. (Day) 1873 (Year)

8. AGE: Years 67 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Robert Y. Bellomy
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna M Hale
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant David E. Bearce
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 1 (Day) 1940 (Year)
(c) Place: burial or cremation Round Prairie

18. (a) Signature of funeral director Frank Lee
(b) Address appleton City Mo

19. (a) Aug 1 - 40 (Date received local registrar) (b) Mrs. Pauline Bam (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 5 minute P M.

21. I hereby certify that I attended the deceased from July, 1935 to July 29, 1940 that I last saw her alive on July 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Chronic Rheumatism

Due to

Due to

Other conditions 93 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? 983 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Hansen (M. D. or other) MD

Address Appleton City Date signed 7-31-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1088
Date Filed 8-7-40

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 ME on the 29th day of July 1940, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.