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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25739

Registration District No. 825

Primary Registration District No. 3031

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 420 South Filmore St. / Maryville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution neither (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Missouri (b) County Nodaway 1

(c) City or town Maryville, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 420 South Filmore
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME Emma Douglas Bellows.

3. (b) If veteran, name war Soc-Sec No 493-18-9660

3. (c) Social Security No. ~~493-18-9660~~

4. Sex Female /

5. Color or race white

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

6. (b) Name of husband or wife Charles D. Bellows

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December (Month) 9 (Day) 1867 (Year)

8. AGE: Years 73 | Months 7 | Days 5 | If less than one day ___ hr. ___ min.

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

10. Usual occupation housewife

11. Industry or business ------

FATHER
12. Name Joseph F. Douglas
13. Birthplace Illinois (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Elizabeth Staker Douglas
15. Birthplace Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant Fred D. Bellows

(b) Address 2018 Lovers Lane St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Marium Cemetary

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

19. (a) July 15 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 14 day 1941 year ___ hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 22 1940, 19 July 14-1941, 19 ___; that I last saw her alive on July 14 1941, 19 ___; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Haemorrhage from Carcinoma of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. T. Bell (M. D. or other) MD

Address Maryville, Mo Date signed 7/15/1941

(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 26 20

P. O. Address Marysville N

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

If this body is not embalmed, fact should be so stated above.