

FILED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
408 South 15th. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin Milton Bellis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Josephine Bellis 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased October 29 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 9 26 hr. min.

9. Birthplace Platte County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Barton Bellis  
13. Birthplace Unknown Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Brown  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Bellis  
(b) Address 408 So. 15th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/29/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bean Lake Cemetery

18. (a) Signature of funeral director Halter Meierhoffer  
(b) Address 13th. & Farson, St. St. Joseph, Mo.

19. (a) 8/29/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 South 15th. Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th.  
year 1943 hour 3:20 minute P/1 M.

21. I hereby certify that I attended the deceased from Aug 22  
1943, to Aug 25, 1943  
that I last saw h. im alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arterio. Sclerosis  
Due to Interstitial Nephritis

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 710  
131

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Gordon D. Wright (M. D. or other) M.D.  
Address 845 So. 19th. St. St. Joseph, Mo. Date signed 8/26/43

Duration 4 days  
not determined  
not determined  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

SEP 19 1948

---

---

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..... *Albert R. Harrington* .....  
Licensed Embalmer No..... **3258 Missouri** .....  
P. O. Address..... **St. Joseph, Missouri** .....

**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.**