6. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1945

Registration District No. 280

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5962

State File No. 3102

Registrar's No.

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Rushville (P.O.) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marshall Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 83
(c) City or town Rushville (P.O.) 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harvey J. Bellis
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Feb (Month) 23 (Day) 1856 (Year)

8. AGE: Years 89 Months 10 Days 28. If less than one day hr. min.
9. Birthplace Platte Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Barton Bellis
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Crowley
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant Jas Turnbull.
(b) Address Rushville Mo RR 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Mo
18. (a) Signature of funeral director Irwin & Loughlin
(b) Address Atchison Kans.
19. (a) 1-23-45 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 45 hour 10 minute 0 M.
21. I hereby certify that I attended the deceased from June 20, 1944, to Jan 21, 1945; that I last saw her alive on Jan 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	25 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 R J Fellows (M. D. or other) D.O.
Address Weston Mo Date signed 1/23/45

102 9 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte Co Health Of
District File Number 2-45-17
Date Filed 2-1-45

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 James H. Dyer

Licensed Embalmer No. 4320

P. O. Address Atchison Kansas

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, above space should be left blank.