

FILED MAR 6 1945
Registration District No. 257

Primary Registration District No. 4346

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Life
years, months or days

3. (a) PRINT FULL NAME Mrs Leah Bellamy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo L. Bellamy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27th 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Robert A. Sharp

13. Birthplace Va (City, town, or county) (State or foreign country)

14. Maiden name Heneretta Anderson

15. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant L.A. Sharp

(b) Address Youngstown Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Jan 24-45 (Date received local registrar) (b) Mrs C. E. Van Dusen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery 70
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd year 1945 hour 12 05 minute _____ M.

21. I hereby certify that I attended the deceased from September 5th 1944 to January 22, 1945; that I last saw her alive on January 22 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Embolism Duration 1/2 hr

Due to Carcinoma of Stomach, Vagina and Rectum 5 yrs

Due to Secondary Anemia and Cachectic Heart 10 yrs

Other conditions Pellagra 10 yrs ago

(Include pregnancy within 3 months of death)

Major findings: 4 ga

Of operations X-Ray - Carcinoma

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 E. P. Anderson, M.D. (M. D. or other)

Address Montgomery City Mo Date signed 1/22/45

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

RECEIVED
District Health Officer No.

District File Number

Date Filed 2-5-45

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 on the 22 nd
day of Jan 1945, Registered Apprentice No. _____,
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.