

FILED JUN 27 1945

State File No. _____

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Bellew
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co. Home for Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months - 1 day
(Specify whether in hospital or institution)
In this community 21 years
years, months or days BELLEW

3. (a) PRINT FULL NAME ASA BELLEW

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marigale 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23 1960
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Pendleton Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Newton Bellew

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

14. Maiden name Marigale Speagle

15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Ref. Bellew

(b) Address Independence mo

17. (a) Burial (b) Date thereof May 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Mrs. H. B. Hall & Son

(b) Address Blue Springs mo

19. (a) May 23-45 (b) F. M. Schellberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2, 4-mile East 48
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from March 3 1945 to May 22 1945
that I last saw him alive on May 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature H. G. Green (M. D. or other)

Address Independence Date signed 5/23/45

1162 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

R. B. Webb

Licensed Embalmer No.

2353

P. O. Address

Blue Springs

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.