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

25856

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27014

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3325

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5415 Euclid 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Marie Laura Bellomy

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-07-4934

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Raymond H. Bellomy

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 17 (Day) 1899 (Year)

8. AGE: Years 47 Months 2 Days ~~15~~ 14 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Stover Candy Company

11. Industry or business x

FATHER
12. Name Frank R. Wilbourn,
13. Birthplace Iowa, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flora Fickle
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Raymond H. Bellomy
(b) Address 5415 Euclid, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1946 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from July 30, 1946, to Aug 1, 1946 that I last saw her alive on Aug 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism of left middle cerebral artery

Due to intramural thrombus

Due to auricular Fibrillation + mitral disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 92 b
Of autopsy

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 0

23. Signature Ellis W Williamson (M. ~~Dear other~~)
Address Plaza Med Bldg Date signed 8/2/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. W. Wilhelmy,
Plaza Medical Bldg.,
11:30 today

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 J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.