

No. 2
12-45
17-39
X47070

FILED FEB 19 1947

Registration District No. 260

Primary Registration District No. 3076

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 East Pletcher 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 315 E. Pletcher 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther Bellew

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

4. Sex Mo 5. Color or race W 6. (a) ~~Single~~ ~~widowed~~ married, 1
~~divorced~~
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if
alive 69 years
7. Birth date of deceased March 22 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Luther Bellew

13. Birthplace Vernon Co. Miss
(City, town, or county) (State or foreign country)

14. Maiden name Ella Sheldon

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

16. (a) Informant Ella Bellew

(b) Address 315 E. Pletcher

17. (a) Burial (b) Date thereof Feb 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seepwood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Missouri

19. (a) 2-14-47 (b) Earl W. Yancy
(Date received local registrar) (Registrar's signature)

377 By Deputy
Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1947 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from
13 July 1946 to 5 Feb 1947
that I last saw him alive on 15 Dec 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration 1 hr.

Due to Chronic myocardial degeneration

Due to Hypertension

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

Major findings: _____
Of operations _____
Of autopsy 93D

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Earl W. Yancy (M. D. or other) MD

Address Nevada Mo Date signed 12 Feb 47

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

MOTHER FATHER

RECEIVED
DISTRICT HEALTH OFFICER No. 7
DISTRICT HEALTH OFFICER No. 7
Date filed 2-18-49

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed L B Terry

Licensed Embalmer No. 1760

P. O. Address Woods, 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.