

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28635

State File No.

FILED AUG 25 1947

Registration District No.

Primary Registration District No. 4427

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Baker Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME EARL T. BELLAS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased October 11, 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Sheet metal worker

11. Industry or business Metal

12. Name Thomas R. Bellas

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

14. Maiden name Maria J. Chapman

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

16. (a) Informant Mrs. Walter Knighten (sister)

(b) Address 442 East Grand Street, City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) Aug 20 1947 (Date received local registrar) (b) Thelma B. Buckthorn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Waynesville Mo (If outside city or town limits, write "RURAL")
(d) Street No. Baker Hotel (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13th year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Failure

Due to

Due to Age and Heavy Drinking

Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations NO

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Alcohol Poisoning

(b) Date of occurrence NO

(c) Where did injury occur? (City or town) (County) (State) Baker Hotel

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

While at work (Specify type of place) (e) Means of injury NO

23. Signature Thelma B. Buckthorn (M.D. or other) Overner

Address Richland Mo Date signed 8/14/47

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.....

Lee Mason
working under my personal supervision.

Registered Apprentice No. *477*

Signed *Jewell E. Wurdle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield, 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.