

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

44550

Registration District No. 321

Primary Registration District No. 6033 Registrar's No. 2076

1. PLACE OF DEATH:

(a) County... Ripley
(b) City or town... Stewart, Mo. R.T. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether)
In this community... years, months or days

3. (a) PRINT FULL NAME

Jerome P. Bellah

3. (b) If veteran name

3. (c) Social Security No. ✓

4. Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry E. Bellah 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Sept 17 1867 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 6 hr min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Edward Bellah

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

14. Maiden name Uniontown

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

16. (a) Informant L. A. Reed

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 12-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director L. W. E. Edwards

(b) Address Dexter, Mo.

19. (a) 1-7-48 (b) ED Stewart (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Stewart, Mo. R.T. 1 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1947 hour 5 minute PM

21. I hereby certify that I attended the deceased from 10 December 1947 to 12-23-1947
that I last saw him alive on 10 December 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 da.

Due to Hypertension 10 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g7

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?

(Specify type of place) (e) Means of injury 0

23. Signature W. K. H. e (M. D. or other) M. D.

Address Dexter, Mo. Date signed 2 Jan 48

Handwritten notes:
Order No. 3
14837
1-21-46

Handwritten notes:
To
Date
Age
Sex
Color
Height
Weight
Build
Occupation
Cause of Death
Place of Death
Time of Death
Signature of Doctor
Signature of Embalmer
Signature of Witness
Signature of Registrar

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 Velus Johnson
Licensed Embalmer No. 4271
P. O. Address Paris, 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.