S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8573

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1030

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: Menorah Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 1 week.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 89

(c) City or town Orrick 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D #2 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred Bellis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Callie Bellis

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb (Month) 10 (Day) 1882 (Year)

8. AGE: Years 66 Months 0 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Ray County (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Chas William Bellis
13. Birthplace Ray County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lucy Ann Davis
15. Birthplace Ray County (City, town, or county) Mo. D (State or foreign country)

16. (a) Informant Mrs. Fred Bellis
(b) Address Richmond. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Orrick Mo.

18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond Mo

19. (a) 3-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6
year 48 hour 10 a.m. minute ___ M.

21. I hereby certify that I attended the deceased from Feb. 29, 1948, to 3-6, 1948
that I last saw h 1M alive on 3-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Coronary thrombosis	15 Min
Due to	
Other conditions (Include pregnancy within 3 months of death) 137a	

Major findings:
Of operations Benign hypertrophy of prostate
Of autopsy

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 W W Heefer (M. D. ~~or other~~)
Address 505 Professional Bldg. Date signed 3-6-48

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1948

MAR 23 1948

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.....Thomas J. Carter.....

Licensed Embalmer No.....4474.....

P. O. Address.....Richmond, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.