

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1408 Sylvania Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
years, months or days) 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Sylvania Street /
(If rural, give location) 7
0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patience Josephine Bellis

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow /

6. (b) Name of husband or wife Benjamin Bellis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>81</u>	<u>6</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Bradford Murray

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

14. Maiden name Rebecca Yates

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

16. (a) Informant Mrs. John Willhite

(b) Address 1408 Sylvania St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof Aug. 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Mo.

18. (a) Signature of funeral director Walter Meinhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-1-48 (b) E. B. Jenkins /
(Date received local registrar) (Registrar's signature) EX 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1948 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from only on
_____, 19____, to Aug. 27, 1948
that I last saw her or alive on Aug. 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 15 min.

Due to Arterio-sclerosis (gen.) 3 yrs.

Due to _____

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

Major findings: none /
Of operations _____
Of autopsy none

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)
(e) Means of injury _____

23. Signature E. T. Blomquist / D. or other _____
Address 1218 N. 3rd St. Joseph, Mo. Date signed 8/28/48

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

MOTHER FATHER

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..... *Albert E Harrington*

Licensed Embalmer No..... **3258 Missouri**

P. O. Address..... **St. Joseph, 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.