

FILED JAN 12 1945

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 211

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Tebo Twp. Rural
(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. 1
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town Clinton Rural
(d) Street No. 11 miles N.E. Clinton
(e) Citizen of foreign country? Tebo Township
If yes, name country.

3. (a) PRINT FULL NAME Mary Catherine Bellomy

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Arthur L 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1-9-1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 25 hr. min.

9. Birthplace Scott Co Va
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business James S Fletcher

12. Name James S Fletcher

13. Birthplace 1 Va
(City, town, or county) (State or foreign country)

14. Maiden name Henley

15. Birthplace 10 Va
(City, town or county) (State or foreign country)

16. (a) Informant Arthur Bellomy
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paul Cemetery

18. (a) Signature of funeral director Fred Wulker
(b) Address Clinton Mo
19. December 6, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1944 hour 8 minute PM

21. I hereby certify that I attended the deceased from Aug 1, 1944, to Dec 4, 1944; that I last saw her alive on 12-2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 10 da

Due to fecal impaction 3 da

Due to Chronic arthritis of 3 yr.
confined to hand

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

Major findings: Of operations 122 Of autopsy ✓
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 Fred Wulker (M. D. or other) MD
Address Clinton Mo Date signed 12-5-44

1069

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-44-1467

Date Filed 1-9-43

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. 2478,
working under my personal supervision.

Signed Frederick Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.