

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41158**

**FILED DEC 31 1948**

Registration District No. 276

Primary Registration District No. 4445

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Sixty Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray **89**

(c) City or town Orrick  
(If outside city or town limits, write "RURAL") **3**

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Jane Bellis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-23-48 to 11-26-48  
that I last saw her alive on 11-26-48  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ed Bellis 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 29 1884  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Due to Chronic Interstitial Nephritis Unknown

Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name W. T. Swearingin **9**

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

14. Maiden name Amanda Hill

15. Birthplace Calhoun County, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Bellis

(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 11-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem.

18. (a) Signature of funeral director B. W. Good

(b) Address Orrick, Mo.

19. (a) 11-27-48 (b) Walter J. Larkin  
(Date received local registrar) (Registrar's signature) **272**

Major findings:  
Of operations \_\_\_\_\_ **9310**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Virgil E. Shade (M. D. or other)

Address Orrick, Mo. Date signed 11-28-48

RECEIVED

District Health Officer No. 8.

DEC 29 1940

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

12-29-40

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 *Victor E. Arminges*

Licensed Embalmer No. *2846*

P. O. Address *Liberty, 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.