

No. 30  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8573

FILED MAR 20 1948

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 1030

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

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. I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 1 week. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County 89  
(c) City or town ORICK (If outside city or town limits, write "RURAL") 0  
(d) Street No. R.F.D # 2 (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED BELLIS  
(b) If veteran, name war no  
(c) Social Security No. none

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 him alive on 3-6 1948  
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife. Callie Bellis  
(c) Age of husband or wife if alive 63 years  
7. Birth date of deceased. FEB 10 1952  
(Month) (Day) (Year)

Immediate cause of death. cardiac failure  
Due to coronary thrombosis 15 Min  
Due to \_\_\_\_\_

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

Other conditions. 137a  
Major findings: Benign hypertrophy of prostate  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Ray County mo. I  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Chas William Bellis I  
13. Birthplace Ray County mo. I  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Ann Hlave  
15. Birthplace Ray County mo. I  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fred Bellis  
(b) Address Richmond, mo  
17. (a) Removal (b) Date thereof 3-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Orick Mo.  
18. (a) Signature of funeral director Thomas J. Carter  
(b) Address Richmond, mo  
19. (a) 3-6-48 (b) E. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature W. H. Reder (M. D. or other) \_\_\_\_\_  
Address 505 Professional Bldg. Date signed 3-6-48

APR 26 1948

APR 26 1948

MAR 23 1948

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**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 with the above constitutes grounds for revocation of license.)**

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