

49
26

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Webb City
 (c) Name of hospital or institution 607 W. Daugherty 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 23 4/3 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper 6
 (c) City or town Webb City, 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 607 W. Daugherty
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Addie H. Bellairs

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 16
 year 1942 hour 11 minute 55 P.M.

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

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

21. I hereby certify that I attended the deceased from April 9, 1941, to Oct 16, 1942
 that I last saw him alive on Oct 16, 1942
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Walter F. Bellairs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26, 1865
 (Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage Duration 5 days
 Due to Chronic Myocarditis 2 years
 Due to _____

8. AGE: Years Months Days If less than one day
76 10 20 hr. _____ min.

9. Birthplace New Paris, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Athome

11. Industry or business _____

MOTHER FATHER { 12. Name W. K. Flemming

13. Birthplace No Data Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Northrup

15. Birthplace No Data Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harvey Newell (daugh)
 (b) Address Webb City, Missouri.

17. (a) Burial (b) Date thereof 10/19/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Oct. 17, 1942 (b) Mrs. Lillie Sage
 (Date received local registrar) (Registrar's signature)

Other conditions _____
 (Include pregnancy within 3 months of death) 93d
 Major findings: _____
 Of operations _____
 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? _____

23. Signature C. F. Gerson (Specify type of place) _____
 While at work? _____ (e) Means of injury 2
 Address Webb City, Mo. (M. D. or other) _____
 Date signed 10/17/42

42-10-850

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.....

E. W. Hedger

Licensed Embalmer No.....

28549

P. O. Address.....

Webb Street

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.