

REC'D JUL 17 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

21636

Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 201
 (b) Township Justice River Primary Registration District No. 5280
 (c) City Missouri City (d) Street No. 4121 Registered No. 54
 (e) Length of residence in city or town where death occurred 85 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Sanford Bell
 (a) Residence, No. Missouri City, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Ella Owens Bell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Tanner-Merchant
 10. Date deceased last worked at this occupation (month and year) 20th 1938
 11. Total time (years) spent in this occupation 40
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City, Mo.

FATHER
 13. NAME George W. Bell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER
 15. MAIDEN NAME Frances Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Miss Verda Bell
Missouri City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri City, Mo. DATE 6/27/38
 19. FUNERAL DIRECTOR (ADDRESS) Christ - Archer Co
Liberty, Mo.
 20. FILED 6/20/38 E T Brant
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19-193822. I HEREBY CERTIFY, that I attended deceased from May 10 1938 to June 18 1938I last saw him alive on June 18 1938 Death is saidto have occurred on the day stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Prostatitis Date of onsetStroke of Paralysis about30th mo ago and had 3 etcand died June 19-1938

Other contributory causes of importance

8231Name of operation None Date of 1938What test confirmed diagnosis specimen Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) W. J. Myers, M. D.(Address) Liberty, Clay County, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)