

1939 AUG 11 1939

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

26360
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township Neosho Primary Registration District No. 4363 Registered No. 102
 (c) City Neosho (d) Street No. Sales - Bowman Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie D Bell
 (a) Residence, No. 314 Sergeant St. Joplin, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ivan Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1891

7. AGE YEARS 48 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri

FATHER 13. NAME Gus Witzansky
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen, Denmark

MOTHER 15. MAIDEN NAME Rose Sarden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co., Ill.

17. INFORMANT (ADDRESS) Donald Bell

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 8-2-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill Dillon

20. FILED 8-2 1939 What a Sale Mill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 29, 1939 to July 30, 1939
 I last saw her alive on July 30, 1939. Death is said to have occurred on the date stated above, at 4:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Brain injury Date of onset July 29/39
traumatic hemorrhage

Other contributory causes of importance:
Skull fracture

Name of operation Decompression Date of July 30/39
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury July 29/39
 Where did injury occur? Neosho, Mo. on Highway
 Specify whether injury occurred in industry, in home, or in public place. about 1 1/2 miles from Neosho, Mo.

Manner of injury probable accident
 Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Sam H. Frank M. D.
frisco Bl (Address) Joplin, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21072
95

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,

Leola Romble or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Leola Romble

Licensed Embalmer No. 3590-

P. O. Address Joplin, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Newton Registration District No. 6009
(b) Township Neosho Primary Registration District No. 4363 Registered No. 102
(c) City Neosho (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie N. Bell

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 6 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Brain Injury
medial femoral fracture
skull fracture
Date of onset 7/29/39

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 7.29, 1939

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 auto accident
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Sam'l Grantham M. D.

(Address) Joplin Mo

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

ness of birth in plain terms, by that it may be properly classified. Exact statement of OCCUPATION is very important.

S-26360

1939