

Registration District No. 251Primary Registration District No. 5350Registrar's No. 12

## 1. PLACE OF DEATH:

(a) County Daviess  
 (b) City or town "Rural" Grand River Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
3 1/2 Miles West Jameson, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Sandra Jean Bell 40:3. (b) If veteran, name war XX 3. (c) Social Security No. XX4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years7. Birth date of deceased November 3 1939  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
Stillborn hr. \_\_\_\_\_ min.9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation XX 011. Industry or business XX12. Name Oscar Bell, Jr.13. Birthplace Wakeeney Kansas  
(City, town, or county) (State or foreign country)14. Maiden name Wilma Romane Pugh15. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Oscar Bell Jr.(b) Address Jameson, Mo.17. (a) Jameson Burial (b) Date thereof 11 3 39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jameson, Mo.18. (a) Signature of funeral director Hope Furn. & Und. Co.(b) Address Gallatin, Mo.19. (a) Nov 6 1939 (b) Ada Pugh 959  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
 (c) City or town "Rural" Grand River Township  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 1/2 Miles West Jameson, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Monstrosity - 8 mo gestationDue to AnencephalusAmputation of abdominalDue to visceral cystartificial cordOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)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) (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) or Means of injury \_\_\_\_\_

23. Signature Edward Owen M.D. M. D. or other \_\_\_\_\_Address Gallatin Mo Date signed 11/4/39

6-3-39  
DISTRICT OFFICE: OFFICIAL No. 139-1549  
NOV 14 1939

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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. 