

DEC 18 1939

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

40708
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 33

(b) Township Randolph Primary Registration District No. 6024B

(c) City Frank Clay (d) Street No. _____ (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 WANDA LEE BELL

(a) Residence, No. FRANK CLAY St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 2 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mpa

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) now

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANK CLAY MO

13. NAME GLEN EARL BELL

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

15. MAIDEN NAME MARGIE MILES

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

17. INFORMANT (ADDRESS) GLEN EARL BELL FRANK CLAY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Frank Clay DATE 11/24 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Boyer & Son Leadwood, Missouri

20. FILED 12/10 1939 W. E. Deubucher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1939 to 11-21, 1939

I last saw him alive on 10-21, 1939. Death is said to have occurred on the date stated above, at 10 A. M.

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

Date of onset _____

Other contributory causes of importance: 157C

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? _____ 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) J. P. Gougeon, M. D.
701 (Address) Frank Clay, 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.

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. *3426*

P. O. Address *Leadwood, 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.