

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

7407

Registration District No. 5 2Primary Registration District No. 5 753-Registrar's No. 8

## 1. PLACE OF DEATH:

(a) County Miller *Salem, Mo.*  
(b) City or town Etterville "Rural" 11  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2

(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 Margarett Jane Bell *M.A. 7*3. (b) If veteran, name war no 3. (c) Social Security No. NO4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife William Boyd Bell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Dec. 30 1859  
(Month) (Day) (Year)8. AGE: Years 80 81 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Etterville Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John McFall 113. Birthplace Tennessee  
(City, town, or county) (State or foreign country)14. Maiden name Sophronia Sailor  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ivy Bell(b) Address Etterville, Missouri17. (a) Burial (b) Date thereof 3-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eugene18. (a) Signature of funeral director Phillips Funeral Home(b) Address Eldon, Missouri 40519. (a) 3-9-1940 (b) Belle H. Hayes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller(c) City or town Etterville "Rural"  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
year 1940 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from

Jan 20, 1940 to 3/2, 1940  
that I last saw her alive on 3/1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy 10 days  
Due to Cerebral Haemorrhage 10 daysDue to Arterio Sclerosis ?Other conditions:  
(Include pregnancy within 3 months of death)Major findings:  
Of operations g.i.

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. D. Waller (M. D. or other) 1Address Eldon Mo Date signed 3/7/40

FILED MAR 15 1940

RECEIVED

Miller County Health Dep't

County File Number 40-24

Date Filed 3-11-40

REC'D  
MAR 11 1940  
MILLER COUNTY HEALTH DEPT

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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.....

..... Louis D. Phillips ..... Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7407

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 561

Primary Registration District No. 3753-

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Myrtle

(b) City or town Saline Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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) PRIME FULL NAME Margaret Jane Bell

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

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased Dec 30-1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 2 5 h min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 3-6-1940 (b) Belle Hayes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month March day 5 year 1940 hour..... minute..... 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.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature G. D. Walker (M. D. or other).....

Address Eldon Mo Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

