

Registration District No. 14

Primary Registration District No. 4211

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windsor
 (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 2
 In this community 81 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Oscar Bell 400

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna E. Major Bell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 13, 1858
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	19	hr. _____ min.

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

10. Usual occupation Farming (retired)

11. Industry or business

MOTHER FATHER { 12. Name L. Bell
 13. Birthplace unknown Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Coates
 15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. William Samples
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof June 4-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner
 (b) Address Windsor, Missouri

19. (a) 6-4-40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Windsor
 (If outside city or town limits, write "RURAL")
 (d) Street No. 603 E. Benton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 m. 1940 hour 4:45 p minute _____ M.

21. I hereby certify that I attended the deceased from March 15, 1940, to June 2, 1940;
 that I last saw him alive on May 20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia from Red sore
 Due to Injury from a fall and other infections 3 Mo.
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none

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 J. A. Blackmore (M. D. or other) _____
 Address Windsor Date signed 6-4-40

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.

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RECEIVED
Dist. of Health Control No. 7,
District File Number 7-40-1020
Date Filed 7-18-40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **14**

Primary Registration District No. **4211**

Registrar's No.

A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Windsor**
(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) PRINT FULL NAME **James Oscar Bell**

3. (b) If veteran..... 3. (c) Social Security.....

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 **June** day **8**
year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia from bed sores**

Due to **Injury from a fall and flu infection**

Other 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.

This subject died from septicemia resulting from bed sores. In 1936 he was severely injured while wrecking a barn in Johnson Co. Mo. This injury left him very much crippled and deformed, confining him to the bed much of the time. In February 1940 he contracted influenza. Before complete recovery from influenza he developed bed sores, resulting in his death.

His crippled and deformed condition and lowered resistance from the influenza were given only as contributing factors and not the immediate cause of death.

Patton

J. A. Blackmore

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 **J. A. Blackmore** M. D. or other).....
Address **Windsor** Date signed.....

