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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3013

State File No. 42197

Registrar's No. 49

1. PLACE OF DEATH

(a) County Clinton

(b) City or town Cameron
(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 No (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. West seventh St.
(If rural, give location)

0

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

3. (a) PRINT FULL NAME Anna Bell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 23 (Day) 1882 ~~1870~~ (Year)

8. AGE: Years 58 ~~64~~ Months 7 ~~8~~ Days 16 ~~9~~ If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business /

FATHER
12. Name Wm Bunch. /
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Manala Schultz
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Virgil L Bell

(b) Address 1104 Madison St Chicago Ills.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Kidder Mo

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 12/14/1940 (Date received local registrar) (b) D. H. Risley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1940 hour 5 minute P.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
Chronic myocarditis and	about
myocardial degeneration —	1 year
~~Due to~~ privation and exposure	
Due to	
92C	
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.

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?
(Specify type of place)

185

While at work? (e) Means of injury 5

23. Signature A. W. Templeman ~~(M. D. or other)~~ DO

Address Coroner Clinton County Cameron Mo Date signed 12/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 James Scott Huckshorn

Licensed Embalmer No. 4092

P. O. Address Cameron, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.