

**REC'D FEB 14 1941**

Registration District No. 137

Primary Registration District No. 4091

Registrar's No. 4

19  
20  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Cass

(a) County Pleasant Hill

(b) City or town Pleasant Hill  
(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 10 years (Specify whether years, months or days)

In this community / years, months or days

2. USUAL RESIDENCE OF DECEASED: Cass

(a) State Mo. (b) County Pleasant Hill Mo.

(c) City or town 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JAMES BELL

8. (b) If veteran, no name war -

8. (c) Social Security No. HS

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Luella Barnhill Bell

(c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 21 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days m

If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business /

MOTHER FATHER { 12. Name William Bell

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

14. Maiden name Elizabeth Mosser

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

16. (a) Informant Mrs James Bell

(b) Address Pleasant Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director A. W. Brownfield

(b) Address Pleasant Hill Mo.

19. (a) 1-23-41 (Date received local registrar) (b) Mrs. Etta M. Aldridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 41 hour 11 minute M.

21. I hereby certify that I attended the deceased from Jan 11, 1941, to Jan 21, 1941; that I last saw him alive on Jan 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis  
Paralysis agitata

Due to g7c

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? 11/11

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

23. Signature A. W. Brownfield (M. D. or other) 0

Address Pleasant Hill, Mo Date signed 1/23/41

Duration /

PHYSICIAN /

Underline the cause to which death should be charged statistically.

**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.....

*John M. [Signature]*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Rich Brownfield*.....

Licensed Embalmer No. *13786*

P. O. Address *Plainville, N.H.*

**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.**