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13-40
7-39
DC23150

Registration District No. 104

Primary Registration District No. 5157a

Registrar's No. 83

FILED APR 11 1941

1. PLACE OF DEATH: Callaway

(a) County: _____

(b) City or town: Callaway 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 1 (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway

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

(d) Street No.: Near Calwood
(If rural, give location)

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

3. (a) PRINT FULL NAME: Arch Bell

3. (b) If veteran, name war: _____

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1941 hour 6 minute 30 P. M.

4. Sex: Male S. Color: Negro

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

6. (b) Name of husband or wife: Bessie

6. (c) Age of husband or wife if alive: _____ years
(Month) (Day) (Year)

7. Birth date of deceased: _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him live on March - 18th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Natural causes heart attack - died while performing evening chores.

8. AGE: Years 74 Months — Days — If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: Farmer

Major findings: _____
Of operations _____

11. Industry or business: _____

Of autopsy: _____

12. Name: D.K.

13. Birthplace: D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name: D.K.

15. Birthplace: D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Ernest Bell

(b) Address: Fulton, Mo

17. (a) Burial (b) Date thereof: Mar 22-41
(City or town) (County) (State)

(c) Place: burial or cremation: Crownwood Cemetery Callaway Co Mo

18. (a) Signature of funeral director: Eli Bell
Fulton, Mo

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) _____

While at work? _____ (e) Means of injury: Coroner

23. Signature: A. W. Holman (M. D. or other) _____
Address: 8-F-8th ST. FULTON, MO Date: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address.....

Fulton, 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, fact should be so stated above.