

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 2416 Jackson  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 74 years, months or days

3. (a) PRINT FULL NAME William James Bell  
 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 widowed  
 6. (b) Name of husband or wife Ella Shafer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 5, 1867  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 8 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Miner

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

12. Name James Bell

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

14. Maiden name Eunice Way

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

16. (a) Informant Mrs. Margaret Fisher

(b) Address 2416 Jackson, Joplin, Mo.

17. (a) Burial (b) Date thereof 11-16-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fullerton Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 11-15-41 (b) To J. J. Jansz  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2416 Jackson (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th  
 year 1941 hour 5:00 minute a M.

21. I hereby certify that I attended the deceased from Mar 13  
1941 to Nov 13, 1941  
 that I last saw him live on Oct 16, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 7

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 930  
 (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? \_\_\_\_\_

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

23. Signature James A. O'Brien (M. D. or other) MD

Address 614 J. J. Jansz Date signed 15-1941

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

MOTHER FATHER

JFI

**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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.**