

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42002**

FILED JAN 20 1942

Registration District No. **278**

Primary Registration District No. **4322**

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

1. PLACE OF DEATH **Howard,**  
(a) County **Fayette,**  
(b) City or town **Fayette,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **N. Church St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life** years, months or days

8. (a) PRINT FULL NAME **John B. 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 **Married**  
6. (b) Name of husband or wife **Helen Bell,** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **February 3rd 1862** (Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_  
12. Name **William F. Bell**  
13. Birthplace **Missouri,** (City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Ridgeway,**  
15. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J.B. Bell,**  
(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **12-22 - 1941** (Month) (Day) (Year)  
(c) Place: burial or cremation **City cemetery,**

18. (a) Signature of funeral director **Guy T. Halley.**  
(b) Address **Fayette, Mo.**

19. (a) **12-21-41** (b) **Anna P. Tinsell** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri,** (b) County **Howard,**  
(c) City or town **Fayette,** (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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** - day **20** - year **1941** hour **8** minute **0** A. M.  
21. I hereby certify that I attended the deceased from **12-17-41** to **12-19-41**, 19\_\_\_\_ that I last saw him alive on **12-19-41**, 19\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**

**Dr. Antonioschewski** 5 yrs  
Due to \_\_\_\_\_  
Other conditions **Hypertension** 5 yrs  
(Include pregnancy within 3 months of death)  
Major findings: **none**  
Of operations **none**  
Of autopsy **none**  
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) (e) Means of injury **Car**  
23. Signature **W. B. Sloan** (M. D. or other) **M.D.**  
Address **Fayette, Mo.** Date signed **12-21-41**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-16-42

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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. 2966

P. O. Address Lafayette, La.

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.