

FILED MAR 1 8 1942

Registration District No. **8**

Primary Registration District No. **4509**

103
3
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Dexter, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stoddard / 09**
(c) City or town **Dexter,** (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Deanna Jean 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..... **0**

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

7. Birth date of deceased **Jan. 8, 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Onas Bell**

13. Birthplace **Hooker Switch** (City, town, or county) (State or foreign country)

14. Maiden name **Mildred Elder**

15. Birthplace **Malden, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Onas Bell,**

(b) Address **Dexter, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 18, 42** (Month) (Day) (Year)

(c) Place: burial or cremation **Old Bethel**

18. (a) Signature of funeral director **Watkins Fuenral Ser**

(b) Address **Dexter, Mo.**

19. (a) **Feb. 2 - 1942** (Date received local registrar) (b) **W. S. Smith** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18**
year **1942** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 15**
19**42** to **Jan 18th** 19**42**
that I last saw him alive on **Jan 18** and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to **Anoxemia - birth anomaly**
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... **158-**
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) (e) Means of injury.....

23. Signature **George Schaefer** (M. D. or other)

Address **Dexter, Mo** Date signed **1-18-42**

RECEIVED

District Health Office No. 2,

District File Number 3427380-

Date Filed 3/12/43

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.....

P. O. Address.....

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.