

S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27646

State File No. _____

Registration District No. 200

Primary Registration District No. 5744

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Castor Twp
(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 Madison
(c) City or town Rural Castor Twp
(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 _____

3. (a) PRINT FULL NAME

William Robert Bell

3. (b) If veteran, name was

World no. 1

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

Mildred Bell

6. (c) Age of husband or wife if

alive 42 years

7. Birth date of deceased

Sept

19-1893

8. AGE:

Years

Months

Days

If less than one day

48

10

29

hr. min.

9. Birthplace

Bevine Terre Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER, FATHER

12. Name Robert Denton Bell

13. Birthplace

Mo

(City, town, or county) (State or foreign country)

14. Maiden name Ellen Chamberlin

15. Birthplace

Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Bell

(b) Address Highdon Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug 21 1942

(Month) (Day) (Year)

(c) Place: burial or cremation St Francis Mo.

18. (a) Signature of funeral director Ed H. Webb

(b) Address Fredricktown Mo

19. (a) Aug 20 1942

(Date received local registrar)

(b) S. A. Slaughter

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 89 minute 40 M.

21. I hereby certify that I attended the deceased from 8/18 1942 to 8/18 1942

that I last saw him alive on 8/18 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Comp by - Blood sugar
Diabetic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) no
(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 M. B. Baker (M. D. position)

Address Fredricktown Mo Date signed 8/21/42

(Licensed Embalmer's Statement on Reverse Side)

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

1/2
0
0

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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 John V. Helt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, 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.