

FILED AUG 21 1942
Registration District No. 150

Primary Registration District No. 5985

91
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Ripley Co.
 (a) County Ripley Co.
 (b) City or town Doniphan Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at home Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ripley 91
 (c) City or town Doniphan Twp. 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country Native Born. 0

3. (a) PRINT FULL NAME WALTER LAFAYETTE BELL.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May, day 8, year 1942, hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 5/8/1942 to 5-8-1942; that I last saw him alive on 5-8- 1942; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
 6. (b) Name of husband or wife MARY CATHERINE MANNING 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased Feb. 5. 1902.
 (Month) (Day) (Year)

Immediate cause of death Apoplexy of brain Duration 9 hrs.
 Due to Cirrhosis of liver 1 year
 Due to Probably excessive drinking

8. AGE: Years Months Days If less than one day
40 3 3 hr. min.

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

10. Usual occupation Policeman.

11. Industry or business Detroit Mich. Police Force.

12. Name E. W. Bell.
 13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Gordan
 15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bell (Wife).
 (b) Address Doniphan, Mo. R-1.

17. (a) Burial (b) Date thereof 5-10-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation XXXXX Doniphan, Cem.

18. (a) Signature of funeral director F. E. Jordan,
 (b) Address Doniphan, Mo.

19. (a) 5/12/42 (b) E. W. Johnston
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 8301
 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 J. E. W. Adams (M. D. or other) 0
 Address Doniphan, Mo. Date signed 5-11-42

RECEIVED

District Health Officer No. 5,

District File Number 84265-7-

Date Filed 8-21-42

FEB 7 1944

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 J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Noniphan

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.