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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 14 1942

Registration District No. 468175

Primary Registration District No. 56295646

Registrar's No. 160

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Rural (Buckprarie)
(c) Name of hospital or institution:
Marionville R.F.D. # /
(d) Length of stay: In hospital or institution.....
In this community Community 7 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Myron Fuller Bell
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E Bell 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 25 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 29 hr. min.

9. Birthplace Lansing Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Not Known
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Glen Gage
(b) Address Marionville Mo.

17. (a) Removal (b) Date thereof 11/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoisington Kansas

18. (a) Signature of funeral director [Signature]
(b) Address Aurora Mo.

19. (a) 11-24-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Rural (Buckprarie Tmship)
(d) Street No. Marionville R.F.D. #
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 11-23
to 11-23, 1942
that I last saw h. im alive on 11-23
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis
Due to Ch. Pul. fibrosis
Plumton (it)
Due to Ch. Thracosis
Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Ch. Myocardial changes
Ch. fibronous Plumton & Pul. fibrosis

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?.....
(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 [Signature] (M. D. or other)
Address Aurora, Mo. Date signed 11/24/42

Duration
? ? ?
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1242-1754

Date Filed DEC 11 1942

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..... *Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address..... Aurora 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.