

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 59

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 241 Church /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 241 Church
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME STEPHEN BELL

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Josephine Bell

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

7. Birth date of deceased January 6, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Austinville Virginia /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James Bell

13. Birthplace Austinville Virginia /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Logan

15. Birthplace Austinville Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Bryan

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 11-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benham Undertaking Co.

(b) Address Bonne Terre, Missouri

19. (a) Nov. 23 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1942 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from October, 1942 to Nov. 19, 1942
that I last saw him alive on Nov. 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Major findings: about a month ago

Of operations _____

Of autopsy _____

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 D

23. Signature Huber (M. D. or other) MD.

Address Bonne Terre, Mo. Date signed 11-21-42

Duration

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

94
2
1

94
2
1

1140

RECEIVED

District Health Officer No: 3
District File Number 1242-1437
Date Filed 12-8-42

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, Ellean Province

Ellean Province

Registered Apprentice No. #

~~working under my personal supervision~~

Signed

Ellean Province

Licensed Embalmer No 3403

P. O. Address Bonne Terre, Missouri

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.