

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40851

Do not use this space.

1. PLACE OF DEATH

41
0
1

(a) County Harrison Registration District No. 0
(b) Township Marion Primary Registration District No. 5491 Registered No. 1
(c) City Near Eagleville, Mo. or Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clarence Edwin Bell
(a) Residence, No. Near Eagleville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rene Bell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 10 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. general farming
10. Date deceased last worked at this occupation (month and year) Feb 1939 11. Total time (years) spent in this occupation. 70 yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin 1
13. NAME Sheba Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9
17. INFORMANT (ADDRESS) Rene Bell
Eagleville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Plythe Dale, Mo. DATE Dec 14 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rollin S. White
Marion, Iowa
20. FILED 12-16 1942 S. Pha Shaw
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12 194222. I HEREBY CERTIFY, That I attended deceased from 12-10- 1942 to 12-11- 1942I last saw him alive on 12-11- 1942 Death is said to have occurred on the date stated above, at B.A. a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy - 12-8-42

Other contributory causes of importance:

Cardio-Vascular Renal SyndromeName of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? V.If so, specify —(Signed) Clarence Bell M. D.(Address) Eagleville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X 16605

D MAR 13 1948

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.....

Rollin S. White

Licensed Embalmer No.....

3895

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, above space should be left blank.