

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41635

State File No.

Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Parkville - (Rural)  
(c) Name of hospital or institution: no this time  
(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

3. (a) PRINT FULL NAME

James Buchanan Bell

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Dec 27 1858  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

1

5

hr. min.

9. Birthplace

M<sup>o</sup> Fall  
(City, town, or county)

MOO  
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Robert Bell

13. Birthplace

3  
(City, town, or county)

Mo  
(State or foreign country)

14. Maiden name

Elizabeth

Elliot

15. Birthplace

Tenn  
(City, town, or county)

Tenn  
(State or foreign country)

16. (a) Informant

Mrs J. B. Bell

(b) Address

Parkville

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

Feb 5 42  
(Month) (Day) (Year)

(c) Place: burial or cremation

Parkville

18. (a) Signature of funeral director

Leland H. Francis

(b) Address

Parkville Mo

19. (a)

8-4-42  
(Date received local registrar)

(b) Mrs Clay H. Hefee  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte  
(c) City or town Parkville (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 74 2 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2  
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Jan 15  
Feb 2, 1942, to Feb, 1942;  
that I last saw him alive on Jan 19, 1942;  
and that death occurred on the date and hour stated above.  
Immediate cause of death myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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

S. P. Ford

(M. D. or other)

Address

Parkville Mo

Date signed 7.25.42

1207

(Licensed Embalmer's Statement on Reverse Side)

1942-12-22  
1858-12-27  
83 1-5

1942-12-22  
83 1-5

RECEIVED

District Health Officer No. Platte  
District File Number 1-43-~~1111~~3  
Date Filed 1-6-43

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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, above space should be left blank.