

No. 2  
-1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1845**  
Registrar's No. **1457**

FILED JAN 18 1943  
Registration District No. **3011**

Primary Registration District No. **3011**

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

**1. PLACE OF DEATH:**

(a) County Carroll  
 (b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 90 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mary Elizabeth Bell

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel Foster Bell 6. (c) Age of husband or wife if alive 10 years 1850

7. Birth date of deceased. June 10 1850  
(Month) (Day) (Year)

**8. AGE:** Years 92 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Maysville, Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name William M. Atkinson

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jones

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. McCumber  
 (b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willis Chapel Cem.

18. (a) Signature of funeral director Willis-Marshall  
 (b) Address Carrollton, MO.

19. (a) 12-6-1942 (b) Mrs. James Rafferty  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Carroll **17**

(c) City or town Carrollton  
(If outside city or town limits, write "RURAL") **1**

(d) Street No. West Benton  
(If rural, give location) **1**

(e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 6 year 42 hour 6:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 6, 1942 to Dec. 4, 1942  
 that I last saw her alive on Dec. 4, 1942  
 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Insufficiency?

Due to Insufficiency of ?

Due to old age?

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

**PHYSICIAN**

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy 928

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) (by Means of injury)

23. Signature [Signature] Date signed Dec 13 1942  
 Address Carrollton, Mo.

1053

142

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-15-43

**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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 25-25

P. O. Address Carrollton 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.**