

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5571

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Andrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Louis Bell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Feb. 23 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 19
If less than one day hr. min.

9. Birthplace Calwood Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name James L. Bell
13. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bell
15. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Underwood
(b) Address Any vasse, Mo
17. (a) Burial (b) Date thereof Feb. 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship
18. (a) Signature of funeral director Hughes Thompson
(b) Address Any vasse, Mo
19. (a) Feb 13-1943 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Any vasse, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1943 hour 11:10 minute PM M.

21. I hereby certify that I attended the deceased from Jan 30 1943 to Feb 12 1943
that I last saw him alive on Feb 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas (Head)

Due to Hb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Partial growth of head of pancreas
only - which involves bile ducts

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 5
23. Signature St. C. Prashad (M. D. or other) M.D.
Address Mexico, Mo Date signed 2/12/43

RECEIVED
District Health Officer No. 10
District File Number 3-43-436
Date Filed MAR 8 1943

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 Hughes Manpin
Licensed Embalmer No. 2358
P. O. Address Aux Vasse Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.