

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6031

State File No. \_\_\_\_\_

Registrar's No. 8

Registration District No. 58

Primary Registration District No. 4091

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Fremont  
(c) Name of hospital or institution: Fremont, Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 2 years.  
years, months or days)

3. (a) PRINT FULL NAME JAMES E. BELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased May 2, 1864  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Deer Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Isaac Bell  
13. Birthplace Mo-0  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winnie Snider  
(b) Address Fremont, Mo  
17. (a) Burial (b) Date thereof Feb 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Fremont Mo

18. (a) Signature of funeral director Charles Bell

(b) Address Fremont Mo.

19. (a) Feb 25, 1943 (b) mo A. J. Smith  
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter  
(c) City or town Fremont, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24  
year 1943 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Feb 24 1943  
that I last saw him alive on Aug 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) H68

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 2

23. Signature Frank J. Ruessing (M. D. or other) P.O.  
Address Nan Buier, Mo Date signed 2-25-43

RECEIVED

District Health Officer No 5,

District File Number

Date Filed

343162  
7-8-42

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, or by.....

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

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.