

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 8 1943
Registration District No. 293

Primary Registration District No. 4436

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

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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. _____ (Specify whether)
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(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 _____

3. (a) PRINT FULL NAME William Mansfield Bell

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Mae Bell 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 27 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 2 19 — hr. — min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name Robert H. Bell

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

14. Maiden name Campbell Emeline Clark
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ada J. Myers

(b) Address Edina, Missouri

17. (a) Burial (b) Date thereof Feb. 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barley cemetery

18. (a) Signature of funeral director Ray P. Schubert

(b) Address 1070 Bldg., Hannibal, Mo.

19. (a) 2-17-43 (b) R. S. Berking
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 5
1943, to Feb 15, 1943;
that I last saw h. alive on Feb 15 (4:00 P.M.), 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 6 days

Due to Coronary thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

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 Ernest J. Deisher (M. D. or other) A.C.

Address Mid. L. Ad. Co. Date signed 2/19/43

RECEIVED

District Health Officer No. 10

District File Number ~~ABC~~ 3-43-423

Date Filed _____

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 *Roy P. Edwards* _____

Licensed Embalmer No. 1765 _____

P. O. Address 1775 *Adway, Hamchal, W*

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.