

FILED APR 31 1948

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2801

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Ironton,  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Harvey Lee Bell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel Bell 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan 26 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 24 If less than one day  
..... hr. .... min.

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

10. Usual occupation Automobile Dealer

11. Industry or business

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Bell  
(b) Address Ironton, Mo.

17. (a) Burial (b) Date thereof 3-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) MAR 24 1948 (b) J. P. Busch  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
March 16 1943 to March 20 1943  
that I last saw him alive on March 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Subdural Hematoma.  
Duration 2 mths

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy Bilateral Hematoma in Subdural Space

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) (c) Means of injury .....

23. Signature A. R. Shepler (M. D. ~~.....~~)  
Address 1020 Mo. Theatre Bldg Date signed 3-22-43

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

HP

2801

2801

---

---

**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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.**