

LED APR 30 1943

Registration District No. 467

Primary Registration District No. 4280 304

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
103 West Hawthorne St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 103 West Hawthorne St
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hesekiah Gambol Bell

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

4. Sex <u>Male</u>	5. Color or Race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Sarah Alice Bell</u>	6. (c) Age of husband or wife if alive <u>77</u> years	
7. Birth date of deceased <u>Nov. 2 1855</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>4</u>	<u>29</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Samuel Bell

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

{ 14. Maiden name Mary Gambol

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

16. (a) Informant Mrs Sarah Alice Bell

(b) Address Aurora Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4/2/43
(Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 4/3/43
(Date received local registrar)

(b) W. D. Hall
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943 to March 31 1943
that I last saw him alive on March 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sensuality

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 16 1/2 lb

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature J. M. Smith (M. D. or member)
Address Aurora Mo. Date signed 4/1/43

RECEIVED

District Health Officer No. 6,

District File Number 443-422

Date Filed 4/22-43

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.....

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

Signed Herman M. Burridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.