

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18335
Registrar's No. 49

Registration District No. 200

Primary Registration District No. 0725

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

1. PLACE OF DEATH:
(a) County MAXXX Macon
(b) City or town Macon Hudson
(c) Name of hospital or institution: Still-Hildreth Sanitarium
(d) Length of stay: In hospital or institution 7 years
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(d) Street No. RFD # 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Josie Bell
3. (b) If veteran, name war. No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5 year 1943 hour 9 minute 45 a.m.
21. I hereby certify that I attended the deceased from Oct 13, 1935, to May 5, 1943
that I last saw her alive on May 5, 1943, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife John D. Bell 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Jan. 21, 1860

Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Other conditions 93d
Major findings: Of operations 93d
Of autopsy 93d

8. AGE: Years 83 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Adair County Mo.

10. Usual occupation Housekeeper

11. Industry or business Domestic

MOTHER FATHER { 12. Name John D. Bell
13. Birthplace Oldham County, Ky.
14. Maiden name Nancy Willis Pennington
15. Birthplace Girard County, Ky.

16. (a) Informant Dr. John A. Bell
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 5/7/43

(c) Place: burial or cremation Menby Cemetery

18. (a) Signature of funeral director Anna L. March
(b) Address Kirksville, Mo.

19. (a) 5/19/43 (b) Joni B. Funchler

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature Anna L. March Address Macon Mo Date signed 5/15/43

Duration 7 1/2 yrs
PHYSICIAN None
Underline the cause to which death should be charged statistically.

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-976

Date Filed JUN 7 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 Geo. B. Easley, Jr.
Licensed Embalmer No. 3755
P. O. Address Murkland 7206

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.