

JUN 7 1943

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richwood Mo
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ada Frances BELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 1 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 16 hr. _____ min.

9. Birthplace Joplin, Mo (City, town, or county) County (Name of foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Unmarried

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

14. Maiden name Ada Frances Johnson

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

16. (a) Informant Mrs. Lela Mullins

(b) Address 1002 Milwaukee St. Kirkwood

17. (a) _____ (b) Date thereof 6-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's Dickson Cemetery

18. (a) Signature of funeral director John H. Hemphill

(b) Address 408 So. Filmore Ave. Kirkwood

19. (a) JUN 1 1943 (b) C. H. McParsons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

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

(d) Street No. 301 Alsbrough
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from 5/6 1943 to 5/26 1943 that I last saw her alive on 5/26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration Unknown

Due to: _____

Due to Mr. nephritis Mr. embolus Unknown

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

Major findings: Of operations _____

Of autopsy Kidney 1310

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 A. J. Reynolds (M. D. or other)

Address Webster No. _____ Date signed 5/28/43

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

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.

myself

Signed _____

[Handwritten Signature]

Licensed Embalmer No. *22166*

P. O. Address *2817, The Wood St*

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, above space should be left blank.