

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

FILED AUG 7 1943 33
Registration District No. _____

Primary Registration District No. 5487

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany Rural, (Jefferson)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison
(c) City or town Bethany, Rural
(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 Beuhring Nelson Bell

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Bell 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased: 10 (Month) 3 (Day) 1863 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>2</u> | <u>21</u> | hr. _____ min. _____ |

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Joseph Bell
13. Birthplace do not know
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Wiley
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bell
(b) Address Bethany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Philabaum Cemetery

18. (a) Signature of funeral director _____
(b) Address Bethany, Mo.

19. (a) July 2-43 (Date rec'd by local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 8 minute a.m.
21. I hereby certify that I attended the deceased from May 9
1943 to June 24 1943

that I last saw him alive on June 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Leptoplexy Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 8301 PHYSICIAN _____

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 Ernest L. Wood (M.D. or other) DD
Address Bethany Mo Date signed July 1 1943

JAN 19 1956

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.....

W.B. Haas

Licensed Embalmer No.

3899

P. O. Address.....

Bethany, 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.