

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27571

Registrar's No. 109

SEP 14 1943

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LESLIE HERBERT BELL

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Bell 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct 9 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation Farming

MOTHER FATHER
11. Industry or business
12. Name Hugh B Bell
13. Birthplace Ralls Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emma Howell
15. Birthplace Ralls Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L B Bell
(b) Address Ladonia, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia Mo.

18. (a) Signature of funeral director H A Stranger
(b) Address Ladonia Mo.

19. (a) Aug 9 - 1943 (Date received local registrar) (b) Margaret H Markie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March 29 1943, to Aug 9 1943; that I last saw him alive on Aug 8 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Shock following amputation left leg below knee Duration 6 hrs

Due to Diabetes mellitus and arterio-sclerosis 1-yr.

Due to Hypertension myocarditis, Sanguis

Other conditions in feet (Include pregnancy within 3 months of death)

Major findings: organized clot in blood vessels
Of autopsy 61

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.....

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 W H McCall (M. D. brother)

Address Ladonia Mo Date signed 8-10-43

RECEIVED

District Health Officer No. 10

District File Number 9-43-1530

Date Filed SEP 10 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.....

working under my personal supervision.

Signed.....

H. G. Granger, Registered Apprentice No.....

Licensed Embalmer No. 11297

P.O. Address Laddonia, 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.