

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 86

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. _____ Primary Registration District No. 4159

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Pattonsburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Pattonsburg
(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 _____

3. (a) PRINT FULL NAME William Harrison Bell

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

4. Sex M 5. Color or race W 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 June 26 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 13 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Wilson Bell

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

14. Maiden name Sarah Smith

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

16. (a) Informant Duane Bell

(b) Address Pattonsburg, Mo.

17. (a) Burial (b) Date thereof 8-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F, Pattonsburg, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) 8-11-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 1943 hour I minute P.M.

21. I hereby certify that I attended the deceased from July 19 1943 to Aug 9 1943
that I last saw him alive on Aug 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Causes of Liver

Due to _____

Due to _____

Other conditions 46 f
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____
Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Date signed Aug 9 1943

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

31
2
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 23 1948

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 *G. S. Grimmer*.....

Licensed Embalmer No. 2857.....

P. O. Address: Pattonsburg, 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.