

SEP 17 1943

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Andrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
520 Greely  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 520 Greely  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PINKIE BELL

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

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 12 29 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 11 hr. min.

9. Birthplace Santa Fe, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business  
 12. Name Peter Framble  
 13. Birthplace Stanley, Va. (City, town, or county) (State or foreign country) 1  
 14. Maiden name Eliza Mason  
 15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Bertha Bell  
 (b) Address 520 Greely St Mexico, Mo.  
 17. (a) Burial (b) Date thereof 9 9 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director W. J. Blaine  
 (b) Address 101 N. Western Mexico, Mo.  
 19. (a) 9-9-1943 (b) Margaret H. Macke  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-9 day 9  
 year 1943 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1-5  
 1943 to 9-9, 1943  
 that I last saw her alive on 9-9, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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 \_\_\_\_\_  
 (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 H. J. Sator (M. D. 0)  
 Address Mexico, Mo. Date signed 9-10-43

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

MOTHER FATHER

1074

SEP 17 1948

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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 *Eric Roland*  
Licensed Embalmer No. 4246  
P. O. Address *Sedalia 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.**