

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31308

State File No.

Registrar's No.

Registration District No. 19437

Primary Registration District No. 3008

283

1. PLACE OF DEATH:  
 (a) County Callaway  
 (b) City or town Fulton, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Callaway Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One week  
 In this community One Week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway  
 (c) City or town Calwood, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 14 Mi S.E. of Fulton  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME John R Bell  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. No

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 17 years (Month) (Day) (Year) May 17 187

8. AGE: Years 72 Months 3 Days 15 If less than one day ..hr. min.

9. Birthplace Callaway Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER  
 12. Name Wm. Bell  
 13. Birthplace D.K.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Jane Bogess  
 15. Birthplace D.K.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Hughes

(b) Address Fulton, Mo. RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/43  
 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem.

18. (a) Signature of funeral director Les S Wallace  
 (b) Address Fulton, Mo.

19. (a) 9-3-1943 (Date received local registrar) (b) Jessie Mossinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
 year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8/26/43 19... to 9/2 19...  
 that I last saw him alive on 9/2 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis & decompensated  
 Duration 1 year

Due to arteriosclerosis  
gangrene of left leg to Eubank + 10 days

Due to.....  
 Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:  
 Of operations gangrene of left leg.  
 Of autopsy none

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.....

Signature Henry D. D. (M. D. or other) h.D.

Address Fulton, Mo. Date signed 9/3/43

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

1147

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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.....  
.....  
working under my personal supervision.

Signed..... *Leo G. Wallace* .....  
Registered Apprentice No.....  
Licensed Embalmer No..... *3373* .....  
P. O. Address..... *Fulton 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.**