

FILED SEP 22 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

315944
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 170
(b) Township..... Primary Registration District No. 4264 Registered No.....
(c) City Conway (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Stevens. Nichols. Bell

2. PRINT FULL NAME

(a) Residence, No. Conway, MO St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: Mrs Marry Bell
HUSBAND OF (OR) WIFE OF J

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1884

7. AGE 79 YEARS MONTHS 5 DAYS 13
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Green CO. Ind. (STATE OR COUNTRY) I13. NAME Stevens, G. Bell14. BIRTHPLACE (CITY OR TOWN)..... Kt. (STATE OR COUNTRY) I15. MAIDEN NAME Elizabeth. Cook16. BIRTHPLACE (CITY OR TOWN)..... Kt. (STATE OR COUNTRY) I17. INFORMANT Mrs. Marry. Bell (ADDRESS) Conway. MO18. BURIAL, CREMATION, OR REMOVAL PLACE Bapt. Cemetery DATE Jan. 10, 194319. FUNERAL DIRECTOR (NAME) HALL. Funeral Home (ADDRESS) Conway. MO20. FILED Sept 3 1943 Grace Roper Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9. th 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1943 to Jan 9, 1943
I last saw him alive on Jan 9, 1943 Death is said to have occurred on the date stated above, at 12. p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis.

Date of onset

Other contributory causes of importance: 13/a

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. J. Schmidt, M. D.
(Address) Conway MO

Received 5
Laclede County Health Unit
File No. 8-43-115
Date Filed 9-20-43

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 Lawrence L. Hall
Licensed Embalmer No. 2784
P. O. Address Conway, 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, above space should be left blank.