

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34523

State File No. _____

Registrar's No. 93.

Registration District No. 13

Primary Registration District No. 4154

1. PLACE OF DEATH:

(a) County Blade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
116 n maine
(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

3. (a) PRINT FULL NAME James Stewart Bell

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

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maya Bell
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov 29 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 15 hr. _____ min.

9. Birthplace day co mo
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business _____

12. Name George W. Bell
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Frances Ann Bell
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Cara B. Meyer
(b) Address 2114 st n west minn aka
17. (a) Burial (b) Date thereof 9-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple park Springfield

18. (a) Signature of funeral director Hayden F. Ford
(b) Address Greenfield Mo
19. (a) Sept 8, 43 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Blade
(c) City or town Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No. 116 n maine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
year 43 hour 6 minute 31 AM

21. I hereby certify that I attended the deceased from 9-3-43
to 9-6-43
that I last saw him alive on 9-6-43
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Intestine
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) Hit by car
(b) Date of occurrence 9-3-43
(c) Where did injury occur? Greenfield Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature J. O. Cowan (M. D. or other)
Address Greenfield Mo Date signed 9-6-43

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

10 ON 220

RECEIVED

RECEIVED
District Health Officer No. 6,
District File Number. 1043-1206
Date Filed OCT 27 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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed P. L. Hauschild

Licensed Embalmer No. 3234

P. O. Address Lockwood 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.