

499-22-2448

34959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 9 1943
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 595

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 minutes
(Specify whether)

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 1906 West 20th Ave;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Oliver F. Bell

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-22-2448

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 23 day 1943
year _____ hour 7-30 P.M. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eunice Bell

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 3, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw did not see him alive
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture crushed chest

Duration _____

8. AGE: Years Months Days If less than one day

63 2 20 _____ hr. _____ min.

Due to Struck by automobile

Due to _____

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

Other conditions 1700-6
(Include pregnancy within 3 months of death)

10. Usual occupation Employee - Playter Mining Co

11. Industry or business Waco Mo;

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Edward Bell

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

14. Maiden name Mary Green

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Pauline Loomis

(b) Address Field Road Road, Waco, Mo

17. (a) Burial (b) Date thereof Oct. 26, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 10-24-43 (b) Arthur Dushalter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, (specify) Accident

(b) Date of occurrence Oct. 23, '43

(c) Where did injury occur? Joplin, Jasper, Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
while changing tires on Public Highway
While at work (Specify type of place) (e) Means of injury Automobile

23. Signature P. H. Heston 3 Cover (M. D. or other)

Address Castro, Mo Date signed Oct 24

12004 (Licensed Embalmer's Statement on Reverse Side)

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

387
2/43

143

43-9-890

FEB 9 1960

NOV 3 1958

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 *Ray K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Spencer, Mass*

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.