

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38995

State File No. _____

Registrar's No. _____

Registration District No. _____

Primary Registration District No. 4154

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 110 Shouse St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 75 years
years, months or days)

3. (a) PRINT FULL NAME James Henry Bell

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Emma Bell 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 18 hr. min.

9. Birthplace St. Sterling Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Robert Bell
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name Martha Smith
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Emma Bell
(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 10-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove, Mo.

18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield, Mo.

19. (a) Nov 1 1943 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Shouse St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 3:00 A.M. minute M.

21. I hereby certify that I attended the deceased from March 11 1943 to Oct 16 1943
that I last saw him alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic
Due to Arteriosclerosis General

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

Major findings: Of operations _____
Of autopsy _____

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? _____
(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 2
23. Signature J. D. Shannon (M.D. or other) D.O.
Address Greenfield, Mo. Date signed Oct 17 1943

RECEIVED

District Health Officer No. 6,

District File Number 242-1305

Date Filed DEC 7 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Sam E. Sweeney Jr.

Licensed Embalmer No. 4099

P. O. Address Shenfield 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.