

FILED DEC 8 1943

Registration District No. 187 175

Primary Registration District No. 4280-3036

Registrar's No. 137 137

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora

(c) Name of hospital or institution:  
The 100 Block on McNatt Ave 3  
(If not in hospital or institution, write street number or location)

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

In this community Life..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora  
(If outside city or town limits, write "RURAL")

(d) Street No. 101 West Cline St  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME William Henry Bell

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased May 18 1872  
(Month) (Day) (Year)

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

71	5	12	hr. min.
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9. Birthplace Lawrence County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Retired

MOTHER FATHER { 12. Name Charles Bell

{ 13. Birthplace ? Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Hargis

{ 15. Birthplace ? Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Tripp

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 11/1/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. P. King

(b) Address Aurora Mo.

19. (a) 11-1-43 (b) Russell Greene  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1943 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from after death, 19....., to..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Coronary Thrombosis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN [Signature]

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) (c) Means of injury.....

23. Signature Edwin Wilks (M. D. or other) [Signature]

Address Prisco City Mo Date signed 10/31/43

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1295

NOV 30 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..... *Herman Turridge*

Licensed Embalmer No. 3072

P. O. Address..... Aurora 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.