

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7145
State File No. _____
Registrar's No. 154

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2306 East Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL.")
(d) Street No. 2306 East Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carlyn Sue Bell
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 13
year 1944 hour 9:00 minute p. M.

4. Sex Female: 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Dec. 31 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from his physician or attendance 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 1 12 hr. _____ min.

Immediate cause of death Inanition
Due to Premature Birth
Due to _____

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations _____
Of autopsy Inanition Atalactasis

MOTHER FATHER
12. Name Troy Bell
13. Birthplace Pleasant Hope Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Weaver
15. Birthplace Conway Missouri
(City, town, or county) (State or foreign country)

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) (e) Means of injury _____

16. (a) Informant Troy Bell
(b) Address Springfield, Mo.

23. Signature Murray C Stone (M. D. or other) Conway
Address Springfield, Mo. Date signed 2-15-44

17. (a) Burial (b) Date thereof Feb. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Conway, Mo.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 2-15-44 (b) H. W. Haudley
(Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

this body not embalmed