

FILED APR 12 1944

State File No.

Registration District No.

Primary Registration District No. 3002

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
412 S. Washington
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 6 mos.

3. (a) PRINT
FULL NAMEJohn Chas. Bell3. (b) If veteran,
name war No3. (c) Social Security
No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased JAN 30, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 21 5 hr. 5 min.

9. Birthplace CONNERSVILLE, IND
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED11. Industry or business FARMER12. Name DR13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name DR15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Wm Mc Coy(b) Address 412 S. Washington17. (a) REMOVED (b) Date thereof 3-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BRANSON, MO18. (a) Signature of funeral director Chas. Amick(b) Address Mexico Mo19. (a) Mar 11-1944 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain
(c) City or town MEXICO
(If outside city or town limits, write "RURAL")
(d) Street No. 412 S. Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 5 minute P.M.21. I hereby certify that I attended the deceased from Feb 7, 1944, to March 11, 1944;
that I last saw him alive on March 11, 1944;
and that death occurred on the date and hour stated above.Immediate cause of death Infirmities of old age
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 sta-
tistically.

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature John A. Curran (M.D. or other) do.Address Mexico Mo Date signed 3-11-44

RECEIVED

District Health Officer No. 10

District File Number 4-44-805

Date Filed APR 11 1944

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. 3569

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.