

FILED MAY 12 1944

Registration District No. **12100**

Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All Her Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALLICE BELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of Black 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Sam Bell, Deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 23 rd. 1864.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>29</u>	hr. min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

12. Name Eaf Thompson

13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Caroyln Reanes

15. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Alice Price

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 4-14-44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond, Mo.

19. (a) 4/5 1944 (b) Mrs. F. W. Shipp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. E. Black Dimond
(If rural, give location)
(e) Citizen of foreign country? a No (Yes or No)
If yes, name country U.S.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1944 hour 7 minute 42 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Apr. 7, 1944 that I last saw her alive on Apr. 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 20 months

Due to Arterial Sclerosis 5 years

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy

PHYSICIAN

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) (a) Means of injury

23. Signature Dr. E. J. Keran (M. D. or other)
Address Richmond, Mo Date signed Apr 15 44

WRITE PLAINLY - USE UNFADING INK

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-11-44

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed..... *J.B. Brothers*

Licensed Embalmer No. **2001.**

P. O. Address **Richmond, 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.