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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Drury Rural Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 90 years (Specify whether years, months or days)

In this community 90 years

3. (a) PRINT FULL NAME Owen Bell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased September 7, 1853
(Month) (Day) (Year)

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

90 9 26 ..hr. min.

9. Birthplace Drury, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name Owen Bell

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Bell

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Pool

(b) Address Drury, Mo

17. (a) Burial (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blanche

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 7-10-1944 (b) Mrs. (Harris) Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

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

(d) Street No..... (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from near
his home on the day
that I last saw him alive on on the above date
and that death occurred on the date and hour stated above.

Immediate cause of death as the
family physician of
the above named and
his death was attributed
to coronary occlusion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

9/4/44

Major findings: Of operations.....

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)

(e) Means of injury

23. Signature J. J. Grubbs (M. D. or other)

Address Drury Mo Date signed 7-5-44

RECEIVED

District Health Officer No. 6;

District File Number 8-44-937

Date Filed AUG 16 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..... *W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address Wm

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.