

S. No. 2  
 DM-2-43  
 5-17-39  
 X35897

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

34945

State File No. \_\_\_\_\_

FILED OCT 17 1944

Registration District No. 2

Primary Registration District No. 4386

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Oregon  
 (b) City or town Thayer  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) 7  
 (d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Oregon 75  
 (c) City or town Alton (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Max Aaron Bell

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

4. Sex Male 0 5. Color or race White 0 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 23 1943  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Lilburn Bell  
 13. Birthplace Alton Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Callie Pingleton  
 15. Birthplace Alton Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lilburn Bell

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/44  
 (Month) (Day) (Year)

(c) Place: burial or cremation Reiley Cem.

18. (a) Signature of funeral director See Gary

(b) Address Thayer, Mo.

19. (a) 9-10-44 (Date received local registrar) (b) Joe W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17  
 year 1944 hour 11 minute 17 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 Diphtheria (Laryngeal)

Due to 10

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Joe W. Williams (M. D. or other) MD  
 Address Thayer, Mo. Date signed 9-2-44

Duration 2 days

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

15  
 10

RECEIVED

District Health Officer No. 5,

District File Number

1044528

Date Filed

10-13-44

**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.....  
.....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.**