

FILED JAN 23 1945

Registration District No. **2**

Primary Registration District No. **4204**

Registrar's No. **341**

1. PLACE OF DEATH:

(a) County **Grundy**  
(b) City or town **Laredo**  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **Lifetime**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**  
(c) City or town **Laredo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frank Bell**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **483-14-2438**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mamie M. Bell**  
6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **Sept. 7 1875**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **19**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Grundy County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Resturent owner**

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

12. Name **Elick Bell**  
13. Birthplace **Pleasant Plain Id.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ellen Dillon**  
15. Birthplace **Pleasant Plain Id.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mamie Bell**  
(b) Address **Ottumwa Ia.**

17. (a) **Burial** (b) Date thereof **NOV 29 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lorado Cemetery**

18. (a) Signature of funeral director **M. Robertson**

(b) Address **Laredo Mo.**

19. (a) **12-7-44** (b) **L. S. Roberts**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** - day **26**  
year **44** hour **11-30** minute **0** M.

21. I hereby certify that I attended the deceased from **9** 19**43** to **11 26** 19**44**  
that I last saw him alive on **11-26** 19**44**  
and that death occurred on the date and hour stated above

Immediate cause of death **Endo Carditis** Duration \_\_\_\_\_

Due to **Rheumatism & Chronic Nephritis**

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

Major findings:  
Of operations **none**  
Of autopsy **none**

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?

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature **C. Thomas** (M. D. or other)  
Address **Laredo, Mo.** Date signed **12-28-44**

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

MOTHER FATHER

**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 *John M Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Alfredo Ma*

**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.