S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10314

Registration District No. 255

Primary Registration District No. 4387

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton
(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 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Noah Bell

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dellie Faulkenbury

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. (Month) 20 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	7	hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation Retired County official

11. Industry or business

FATHER
12. Name Henry Bell /
13. Birthplace (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name Harriett Eddings /
15. Birthplace (City, town, or county) Unknown (State or foreign country) /

16. (a) Informant C. M. Bell

(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cem.

18. (a) Signature of funeral director Leo Darr

(b) Address Thayer, Mo.

19. (a) 3/15-1945 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1945 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 26, 1945, to Feb. 27, 1945;
that I last saw him alive on Feb. 26, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	Apro mto
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other)

Address Alton Mo Date signed 3/2/45

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(Licensed Embalmer's Statement on Reverse Side)

Hilton

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.