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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21027

Registration District No. 279 — Primary Registration District No. 5957 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

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

(d) Street No. Rural Prairieville Twp (If rural, give location)

(e) Citizen of foreign country? Mo 0 (Yes or No)

If yes, name country No.

3. (a) PRINT FULL NAME McNauley Bell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charley Bell

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 5 (Day) 1872 (Year)

8. AGE: Years 73 Months 0 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Christopher Easton
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Barnes
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Guy Jacobs

(b) Address Eolia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director Gooch Hdwe Co

(b) Address Eolia Mo

19. (a) June 10 1945 (Date received local registrar) (b) B. M. Gooch Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 8 minute 40 M.

21. I hereby certify that I attended the deceased from April 1, 1945 to June 8, 1945, that I last saw her alive on June 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arterio-sclerosis	45 hrs.
Due to:	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Wroeger (M. D. or other) M.D.

Address: Whiteside Mo Date signed 6-8-45

1304

(Licensed Embalmer's Statement on Reverse Side)

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eldia 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.