

FILED OCT 9 1945

State File No. _____

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution X (Specify whether)

In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

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

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

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

If yes, name country X

3. (a) PRINT FULL NAME Ruth Etta Bell

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife James H Bell

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb 10 1897
(Month) (Day) (Year)

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

48 7 4 0 hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name J.G. Halbrook

13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Smith

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J H Bell

(b) Address Salem Mo

17. (a) burial (b) Date thereof 9/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halbrooks Cem

18. (a) Signature of funeral director Carl H. Jensen

(b) Address Salem Mo

19. (a) Sept 9-11-45 (b) M.M. New MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Sept 5, 1945, to Sept 14, 1945;
that I last saw her alive on Sept 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma

Due to Unknown origin

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 552

Of autopsy _____

Duration

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) _____ (by means of injury)

23. Signature M.M. New MD (M. D. or other) MD
Address Salem Mo Date signed 9-20-45

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

1423

(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..... *Carl H. Spencer*

Licensed Embalmer No. *237*

P. O. Address..... *Salem 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.