S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31182

FILED OCT 4 1945

Registration District No. 276 Primary Registration District No. 4410 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 81

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Geo W. Bell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 3 (Month) 16 (Day) 1869 (Year)

8. AGE: Years 76 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Phelps co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Conway Bell
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Lorena Seaton
15. Birthplace Phelps co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Geo Bell

(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 31 (Day) 45 (Year)

(c) Place: burial or cremation Adams Cem

18. (a) Signature of funeral director W E Lichlider

(b) Address St James Mo

19. (a) 9-6-1945 (Date received local registrar) (b) Cora E. Birmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29 year 1945 hour 7 00 minute P M.

21. I hereby certify that I attended the deceased from March 1945 to Aug 29 1945 that I last saw him alive on Aug 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131b

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 William H Brewer (M. D. or other)

Address St James Mo Date signed 8/30/45

1487 (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 W E Lickleder

Licensed Embalmer No. 1970

P. O. Address St James 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.