

FILED JAN 5 1948 STANDARD CERTIFICATE OF DEATH

41066

State File No.

Registration District No. 100

Primary Registration District No. 5390

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural W. Springcreek Twp
(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 12 Years (Specify whether years, months or days)
In this community 12 Years

3. (a) PRINT FULL NAME Anna Elizabeth Bell

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert A. Bell 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 4 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Franklin County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Pompy Vassalli
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herbert A. Bell
(b) Address Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stanton, Mo

18. (a) Signature of funeral director W. H. Spencer
(b) Address Salem, Missouri
19. (a) 11-19-45 (Date received local registrar) (b) M. M. Ward (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Salem, Missouri (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1945 hour 9:50 minute P.M.

21. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---;
that I last saw him alive on ---, 19---;
and that death occurred on the date and hour stated above.
Immediate cause of death

Carcinoma of Colon
Due to

Due to 462
Other conditions (Include pregnancy within 3 months of death)
Major findings: Carcinoma
Of operations
Of autopsy

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) (a) Means of injury

23. Signature M. M. Ward (M. D. or other) MD
Address Salem, Mo Date signed 11-19-45

RECEIVED

District Health Officer No. 6

District File Number

Date Filed

1246-447
12-29-45

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, ~~by~~

Registered Apprentice No.

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

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.