S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42162

State File No.

FILED JAN 8 1946

Registration District No. 5796 285 Primary Registration District No. 5796

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Mo Rl Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

(d) Street No. Rural Jackson township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Frances Bell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William W. Bell

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

7. Birth date of deceased November 2 1881
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Julia County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business General Store Keeper

FATHER
12. Name William P Carter
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Shoemaker
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Bell
(b) Address Walnut Grove Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Lane A Brin
(b) Address Walnut Grove Mo

19. (a) 12/12/1945 (Date received local registrar) (b) Lillie Freeze (Registrar's signature)

1044

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1945 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 3 1945 to Dec 8 1945
that I last saw her alive on Dec 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dropsy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Jackson M.D. (M. D. or other)

Address Walnut Grove, Mo Date signed Dec 12-45

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield 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.