

**FILED** APR 7 6 1946  
Registration District No. 27

Primary Registration District No. 3045

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

SUBS

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:  
512 S. Locust  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 11 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

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

(d) Street No. 512 S. Locust  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Will Bell

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

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Etter Bell 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 12, 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown  
(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 Mrs. Etter Bell

(b) Address 512 S. Locust

17. (a) Burial (b) Date thereof Feb. 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. S. Sparks

(b) Address Cape Girardeau

19. (a) 3-5-46 (b) Men. J. Bondurant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25  
year 1946 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 2-19, 1946 to 2-23, 1946  
that I last saw him alive on 2-23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Memie Toxemia Chronic Nephritis  
Due to \_\_\_\_\_

Duration  
2 mos.  
6 mos.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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) \_\_\_\_\_ (b) \_\_\_\_\_  
(c) \_\_\_\_\_ (d) \_\_\_\_\_

23. Signature W. J. Bondurant (M. D. or other)  
Address 204 S. Locust St. Charleston, Mo. 2-25-46

RECEIVED

District Health Office No. 2

District File Number 440-44

Date Filed 4-4-46

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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

*Frank J. Sparks*

Licensed Embalmer No. 32555

P. O. Address Cape Girardeau, 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.**