S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10153

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wolf Island Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles South East Prairie
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CLARK C. BELL

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb. (Month) 9 (Day) 1868 (Year)

8. AGE: Years 78 Months Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Casey Co. (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Edmond Bell
13. Birthplace Casey Co. (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Susie Fain
15. Birthplace Casey Co. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Manuel Bell
(b) Address East Prairie Mo. Rt. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Francis Shelby
(b) Address East Prairie Mo.

19. (a) 4-3-46 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1946 hour 2.11 minute P. M.

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

Immediate cause of death Cancer of left side of face

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5 8

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 Geo. N. Whitaker MD (M. D. or other)
Address East Prairie Mo. Date signed 4/3/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 46-215
Date Filed 4-11-46

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 Lawrence Shelby

Licensed Embalmer No. 7-726

P. O. Address Fort Pierre, S.D.

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.