

FILED AUG 5 1946
Registration District No. 355

Primary Registration District No. 6202

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Canell
(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 all of life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

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

(d) Street No. 3 mi N.W. of Huntsville
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Glenn William Bell

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bearl 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Mar. 20 1915
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Texas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Marie Bell

15. Birthplace Deer Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Bearl Bell

(b) Address Huntsville

17. (a) Burial (b) Date thereof 7/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Better

18. (a) Signature of funeral director Dayton O. Elliott

(b) Address Houston Mo.

19. (a) July 17-1946 (b) Mrs. C.E. Murphy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour _____ minute 40 P. M.

21. I hereby certify that I attended the deceased from death to July 13 1946 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death suicide Duration _____

Due to Gun shot wound in forehead

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1640

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence July 13 1946

(c) Where did injury occur Huntsville Texas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature J.P. Murphy (M.D. or other) 7/14/46

Address _____ Date signed _____

DEC 21 1946

DEC 20 1946

OCT 18 1947

OCT 9 1946

OCT 7 1946

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 E. Hood*

Licensed Embalmer No. *4026*

P. O. Address. *Houston, 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.