

FILED SEP 24 1946

Registration District No. 4197 5449

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Genly
(b) City or town RURAL JACKSON
(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 78-6-0
years, months or days)

3. (a) PRINT FULL NAME GREEN TENLY BELL

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 11 (Month) 11 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Henry Bell

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

14. Maiden name Annitha Simpson

15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Trudy Smith

(b) Address Silford Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Stanberry

(b) Address Stanberry Missouri

19. (a) Aug 27-46 (Date received local registrar) (b) Stanberry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Genly 38
(c) City or town RURAL JACKSON
(If outside city or town limits, write "RURAL")
(d) Street No. Six miles southwest of Stanberry
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1946 to Aug 13, 1946.

That I last saw him alive on Aug 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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) (e) Means of injury 0

23. Signature Stanberry (M. D. or other)

Address Stanberry Mo Date signed 8-15-46

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

25600

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

J. Evan Johnson
working under my personal supervision.

Registered Apprentice No.

Signed

J. Evan Johnson
Licensed Embalmer No. *3493*

P. O. Address. *Stankum 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.