

FILED DEC 17 1946

Registration District No. 14

Primary Registration District No. 4128

State File No. _____

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Liberal
(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 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Liberal
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATILDA D. BELL
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 6th
year 1946 hour 5 minute 15 P. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rev. M. Bell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased _____
_____ 19 _____ to _____ 19 _____
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 8 8 hr. _____ min.

Immediate cause of death burning and suffocation - Oil kerosene probably exploded Duration _____
Due to catching her clothing afire - burning entire
due to body very severely

9. Birthplace Logan County, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business _____
12. Name August I. De Lissa
13. Birthplace St. Augustine, Florida
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Dyer
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy FB 15

16. (a) Informant C. L. De Lissa
(b) Address Lamar, Missouri
17. (a) Burial (b) Date thereof Dec 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barton City Cemetery
18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri
19. (a) Nov 4 1946 (b) Antoine Liberte
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental DO's
(b) Date of occurrence Dec 6 - 1946
(c) Where did injury occur? Liberal Barton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work _____ (e) Means of injury fire
23. Signature P. C. Deibel (M. D. or other) MD
Address Lamar Mo. Date signed 12-8-46

RECEIVED
District Health Officer No. 6;
District File Number 1246-1240
Date Filed DEC. 11, 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.....

Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.