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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 26 1946**  
Registration District No. 254

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 41516  
Registrar's No. \_\_\_\_\_

Primary Registration District No. 5867

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer R  
(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 Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon 75  
(c) City or town Thayer (Rural) 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Thomas Bell  
3. (b) If veteran, name war -- 3. (c) Social Security No. --  
4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah Bell 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Oct. 10 1884  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 7  
year 1946 hour 1 minute 00 P. M.  
21. I hereby certify that I attended the deceased from July 1945 to Nov 6 1946  
that I last saw him alive on Nov 6 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 - 7 hr. \_\_\_\_\_ min.

Immediate cause of death Acute Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Oregon County Missouri 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name John E. Bell  
13. Birthplace Fairfield Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Sanders

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

16. (a) Informant Mrs. Sarah Bell  
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sylch Cem.

18. (a) Signature of funeral director Deland Carter  
(b) Address Thayer, Mo.

19. (a) 12-7-46 (b) Edith Cross  
(Data received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 94A

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 \_\_\_\_\_  
23. Signature E.O. Smith (M. D. or other) se.  
Address Thayer, Mo. Date signed 12/14/46

368 (Licensed Embalmer's Statement on Reverse Side) E.O. SMITH

RECEIVED

District Health Officer No. 5,

District File Number 1246684

Date Filed 12-24-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.