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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8122

FILED APR 1 1947

State File No. \_\_\_\_\_

Registrar's No. 109

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: Callaway County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 206 N. W. 8th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gary Raeburn Bell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16  
year 1947 hour 6 minute 45 P M.

4. Sex Male 5. Color Negro

6. (a) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased Aug 9 1946  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16, 1947, to March 16, 1947;  
that I last saw him alive on March 16, 1947;  
and that death occurred on the date and hour stated above.

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

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

10. Usual occupation None

Immediate cause of death acute gastro-entero-colitis Duration 5 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Harry J. Bell, D.

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

14. Maiden name Mary Dean Bell

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

Other conditions secondary meningismus + 1 day  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none 1947

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Dean Bell

(b) Address 206 N. W. 8th (Fulton), Mo.

17. (a) Burial (b) Date thereof Mar 18-47  
(Burial, cremation or entombment) (Month) (Day) (Year)

(c) Place of burial or cremation South Side Cem. Fulton, Mo.

18. (a) Signature of funeral director Eli Bell

(b) Address Fulton, Mo.

19. (a) 3-18-1947 (b) Joac Morisich  
(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) \_\_\_\_\_

(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 \_\_\_\_\_

Signature Nenny Drost (M. D. or other) h. D.

Address Fulton, Mo. Date signed 3/17/47

