

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF COINS
FILED APR 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12995

State File No. _____
Registrar's No. 36

Registration District No. 100 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County DENT
(b) City or town SALEM
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DENT 33
(c) City or town SALEM 1
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CORNS MILLER BELL
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased JANUARY 23 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 13 _____ hr. _____ min.

9. Birthplace IRON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY BELL
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name LEATHIE UNKNOWN
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Bell
(b) Address Salem, Mo.

17. (a) BURIAL (b) Date thereof APRIL 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEMETERY

18. (a) Signature of funeral director Helen S. Shanthan

(b) Address SALEM, MO.

19. (a) 8-47 (b) M. H. Hart, M.D. 489
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6
year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from March 29
1947 to April 5, 1947
that I last saw him alive on April 5, 1947
and that death occurred on the date and hour/stated above.

Immediate cause of death Pneumonia Duration 7 Days

Due to Influenza 26020
Due to _____

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

Major findings: 237A
Of operations _____
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? Yes (Specify type of place) (e) Means of injury _____

23. Signature J. C. Liscou (M. D. or other) M.D.
Address Salem Date signed 4-7-47

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

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RECEIVED

District Health Officer No. 5

District File Number 447228

Date Filed 4-21-47

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.....

Edward F. Boyles....., Registered Apprentice No. 435
working under my personal supervision.

Signed Max J. Wenzel.....

Licensed Embalmer No. 4170.....

P. O. Address Salem, Ma......

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.