

S. No. 2  
A-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16915

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

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
116 Douglas Drive  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 116 Douglas Drive  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Wilson Bell

3. (b) If veteran, name war World War #1

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret M. Bell

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

7. Birth date of deceased May 24 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 11 24 hr. min.

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

10. Usual occupation Secretary State of Mo.

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

MOTHER FATHER { 12. Name Henry Bell

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

14. Maiden name Mamie Crane

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

16. (a) Informant Mary Virginia Bell

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof 5-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Missouri

18. (a) Signature of funeral director Shirley Jordan

(b) Address Jefferson City, Missouri

19. (a) 5-22-47 (b) R. P. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1947 hour 6 AM minute 30 M.

21. I hereby certify that I attended the deceased from Feb. 20  
1947 to May 20 1947

that I last saw him alive on May 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis to higher nerve centers causing respiratory & cardiac failure

Due to Hypertrophied of the kidney

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

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. Eugene C. Leckell MD

Address 312 - 7th Central Date signed 4-20-47

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

26  
5  
4

JUL 14 1949  
JUN 16 1949

Date Filed

District File Number 5-27-1949

District Health Officer No. 9,  
RECEIVED

APR 27 1948

JUN 3 1947

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 *Gerard Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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.