No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

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

State File No. 20728

Registration District No. 133 — Primary Registration District No. 5487 — Registrar's No. 43

**1. PLACE OF DEATH:**

(a) County Harrison
(b) City or town Rural Jefferson Twp
(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) 8
(d) Length of stay: In hospital or institution —
(Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Harrison 41
(c) City or town Rural - Blythedale 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harold Edwin Bell
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 21 (Day) 1923 (Year)
8. AGE: Years 24 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Rich Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name E. C. Bell
13. Birthplace Terre Haute (City, town, or county) Indiana (State or foreign country)
14. Maiden name Adella Hartley
15. Birthplace Nebraska (City, town, or county) (State or foreign country)

16. (a) Informant Albert Bell
(b) Address Eagleville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cemetary Blythedale, Mo.
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany, Mo.
19. (a) June 14-47 (Date received local registrar) (b) Zola Burris (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour About 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ;
that I last saw h alive on — , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Head Badly Crushed | |
| Due to: Collision of Car and Truck | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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) Accident 41
(b) Date of occurrence June 6, 1947
(c) Where did injury occur? Harrison County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 mi. north of Bethany on Highway 69 (Specify type of place)
While at work? (e) Means of injury

23. Signature Joe E. Wheeler Coroner (M.D. or other) 3
Address Bethany, Mo. Date signed June 7, 1947

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 2 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 Joe E. Wheeler

Licensed Embalmer No. 2512

P. O. Address Bethany 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.**