

FILED SEP 4 1947

Registration District No. 59

Primary Registration District No. 4099

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(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 36 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass ¹⁹

(c) City or town Pleasant Hill ²
(If outside city or town limits, write "RURAL") ³

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia Ellen Bell

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1947 hour 9 minute 35 a.m.

4. Sex Fe | 5. Color or race Wh | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lester Bell | 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: July 15 (Month) 1892 (Day) (Year)

21. I hereby certify that I attended the deceased from 26 June 1947 to 18 Aug 1947
that I last saw her alive on 18 Aug 47 - 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebrovascular accident ^{Duration 2 hrs}

Due to Hypertension, essential ^{10 yrs}

Due to _____

9. Birthplace Seligman Mo
(City, town or county) (State or foreign country)

10. Usual occupation House wife

Other conditions None of 20
(Include pregnancy within 3 months of death)

MOTHER FATHER {

11. Industry or business _____

12. Name William Ferrell

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

14. Maiden name Louise Bath

15. Birthplace Seligman Mo
(City, town or county) (State or foreign country)

Major findings: None performed

Of operations _____

Of autopsy none performed

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

16. (a) Informant Lester Bell

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 8-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director J. W. Wierwich

(b) Address Pleasant Hill, Mo

19. (a) Aug 25-47 (b) Rama J. Jones
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Alwelllund (M. D. or other) MD

Address Pleasant Hill Mo Date signed 18 Aug 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill

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.