

FILED SEP 5 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4450

Registrar's No. 2243

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Daniphan
(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 _____ years, months or days

3. (a) PRINT FULL NAME Edwin H. Bell

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex male race white 5. Color or _____
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Bell 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct 10 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 23 hr. min.

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

10. Usual occupation Retired merchant

11. Industry or business _____

12. Name Mason Bell

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

14. Maiden name Sanckley

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

16. (a) Informant Mary Bell

(b) Address Daniphan, MO.

17. (a) Burial (b) Date thereof 8-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Ridge Cem.

18. (a) Signature of funeral director W. Edwards

(b) Address Daniphan, MO.

19. (a) 8-12-47 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Daniphan
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1947 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 18 July 1947 to 2 Aug 1947.

that I last saw him alive on 1 Aug 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerotic Hypertension

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)

Means of injury _____

23. Signature Frank C. Johnson (M. D. or other) MD

Address Daniphan, MO Date signed Aug 17

RECEIVED

District

District

Date

Order No.

847449

8-30-47

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

Edward Johnson

Licensed Embalmer No. 4271

P. O. Address. *Danipshaw, Md*

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.