

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30325  
State File No.  
Registrar's No. 67

Registration District No. 321 Primary Registration District No. 5709

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural Crooked Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 1/2 mi. N.E. of Patton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 76 years (years, months or days)

3. (a) PRINT FULL NAME Hannah Caroline Bell

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

4. Sex Female 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 October 9, 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name Thomas Bell  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Bollinger  
15. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W.R. Bell  
(b) Address Patton, Missouri

17. (a) Burial (b) Date thereof 9-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Post Oak Cemetery Bollinger Co. Mo.

18. (a) Signature of funeral director Webb-Adams  
(b) Address Fredericktown, Mo.

19. (a) Sept. 20, 47 (b) Missie VanLumburg  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. 2 1/2 mi. N.E. of Patton 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11  
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her before \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

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

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

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 3

23. Signature John J. Myers (M. D. or other) Coroner  
Address Patton, Mo. Date signed \_\_\_\_\_

RECEIVED

Health Officer No. 4

File Number 947-122

Filed 9-24-47

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 L. Voljean Adams

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.**