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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44245

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

Registration District No. 114

Primary Registration District No. 5732

Registrar's No. 45

1. PLACE OF DEATH: Meramec

(a) County Franklin

(b) City or town Sullivan, "Rural" Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Miller's Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 mos  
(Specify whether years, months or days)

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Sullivan 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

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

3. (a) PRINT FULL NAME ANDREW LEE BELL

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March, 31st, 1867.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Labore@

11. Industry or business Mail Handler

12. Name Andrew J. Bell

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

14. Maiden name Sarah McAllister

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

16. (a) Informant B. C. Bell

(b) Address St. Louis, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 12/30/47.  
(Month) (Day) (Year)

(c) Place: burial or cremation Ficke Cemetery

18. (a) Signature of funeral director Albert Long

(b) Address Bourbon, Missouri.

19. (a) 12-29-47 (b) Albertas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th year 1947 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Dec 27 1947 to Dec 28 1947 that I last saw him alive on Dec 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis

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

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

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

Major findings: Of operations 930

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence same

(c) Where did injury occur? now  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? \_\_\_\_\_ (Specify nature of place) Means of injury \_\_\_\_\_

23. Signature Albertas (M. D. or other)

Address Sullivan Date signed 12/29/47

Duration \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Date Filed 1/24/48  
District File Number  
No. 9

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.....

Harman E. Hoener....., Registered Apprentice No. 445  
working under my personal supervision.

Signed Allen Long  
Licensed Embalmer No. 3504  
P. O. Address Boston 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.