S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 641

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 11

29 / 2

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 110 Shouse Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Greenfield ,
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Shouse Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME MARY EMMA BELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife James H. Bell

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

7. Birth date of deceased August (Month) 28 (Day) 1872 (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace St. Clair County (City, town, or county) Michigan / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Sylvester Mead
13. Birthplace Syracuse (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Margaret Williams
15. Birthplace Oswego (City, town, or county) New York / (State or foreign country)

16. (a) Informant Walter C. Hammond
(b) Address 5 Myers St., Buffalo, N. Y.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove, Missouri

18. (a) Signature of funeral director Sam E. Senseney Jr
(b) Address Greenfield, Mo.

19. (a) 2-6-48 (Date received local registrar) (b) Geo L. Wew (Registrar's signature) Ta

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1948 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Dec 1947 to Feb 4 1948
that I last saw h er alive on Feb 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — Duration Years

Due to —

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)
(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

23. Signature A. R. Gay (M. D. or other) 0
Address Greenfield, Mo. Date signed 2/6/48

RECEIVED
District Health Officer No. 6,
District File Number 248-232
Date Filed FEB 12 1948

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 Sam E. Sweeney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.