

National Office of Vital Statistics
FILED FEB 20 1948Registration District No. **23**Primary Registration District No. **5291**Registrar's No. **13**

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Liberty, Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Liberty R.R. #3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 66 yrs
(Specify whether years, months or days)

In this community 66 yrs
years, months or days

3. (a) PRINT FULL NAME Nora Crockett Bell

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

4. Sex F / race W
 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Frank Bell
 6. (c) Age of husband or wife if alive 1 years 1870
 7. Birth date of deceased Oct 1 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 29
If less than one day hr. min.

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

10. Usual occupation Housewife11. Industry or business none12. Name Eva Decker13. Birthplace Adam Co. Ill.
(City, town, or county) (State or foreign country)14. Maiden name Sarah Jane Tyler15. Birthplace Adam Co. Ill.
(City, town, or county) (State or foreign country)16. (a) Informant Eva Crockett(b) Address Keamey Mo.17. (a) Burial (b) Date thereof 2-1-48
(Burial, cremation, or disposal) (Month) (Day) (Year)(c) Place: burial or cremation Waddy Fork = Keamey Mo.18. (a) Signature of funeral director Church-Decker(b) Address Liberty Missouri19. (a) Feb 1 - 1948 (b) Ernest H. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Liberty Mo. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Liberty R.R. #3
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
 year 1948 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 1938 to Jan 20 1948
 that I last saw had alive on Jan 28 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration under

Due to Coronary Arteriosclerosis & Ischemic

Due to Asphyxiation

Other conditions Recovery from Pneumonia & Effusion

(Include pregnancy within months of death)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
 Of operations 94%

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? (Specify type of place)While at work? (e) Means of injury ()23. Signature Chas W. Hudson (M. D. or)Address Liberty Mo Date signed 1-31-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-19-48

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 _____

Harold H. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed

John Lombard

Licensed Embalmer No. 4448

P. O. Address: Liberty m

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.