

Registration District No. 274

Primary Registration District No. 6273

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural
(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 Life _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Rebecca 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 widowed
6. (b) Name of husband or wife William Bell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 3 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alex Grindstaff

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth James

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

16. (a) Informant Robert Bell

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 2-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director Frank C. Dwyer

(b) Address Grant City, Mo.

19. (a) 2-28-48 (b) Letta E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Grant City-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to 2-17, 1948
that I last saw him alive on 2-17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Hemorrhage 2 hrs
Due to: Acute Ulcers 35 yrs
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? no

While at work? _____ (Specify type of place) (p) Means of injury _____

23. Signature Frank B. Markson (M.D. or other)
Address Grant City, Mo. Date signed 2/28/48

DISTRICT HEALTH DEPT.
Cameron, Mo.

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

Arch C. Duffee

Licensed Embalmer No. *3252*

P. O. Address *Grant City 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.