No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15572

Primary Registration District No. 5150

Registrar's No.

1. PLACE OF DEATH:

(a) County: Caldwell

(b) City or town: Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/4 mile East of Hamilton on highway #36
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton

(c) City or town: Cameron
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Robt a Bell

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife: Lillie Bell

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

7. Birth date of deceased: Feb (Month) 2 (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days 23 If less than one day: hr. min.

9. Birthplace: Cameron (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Paper Hanger

11. Industry or business:

FATHER
12. Name: Aaron Bell
13. Birthplace: Ray Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Caroline Scott
15. Birthplace: Boone Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Jennie Mason
(b) Address: Cameron Hamilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Packard cemetery

18. (a) Signature of funeral director: Roland Funeral Home
(b) Address: Cameron

May 1, 1948 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour minute 3:45 P.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1948 to April 25, 1948 that I last saw him alive on April 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	6 mo+
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Herbert R. Booth (M. D. or other) MD

Address: Hamilton Mo Date signed 4/28/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
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 George T. Trammell

Licensed Embalmer No. 4423

P. O. Address 309½ West 3rd

Cameron, 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.