No. 2
-12-45
-17-39
7070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17152

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 166

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA - RURAL R. #5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EAST OF SEDALIA / ON HI-WAY #50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town RURAL R. #5 - SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. EAST OF SEDALIA ON U.S. #50
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

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0
0
0

3. (a) PRINT FULL NAME JOHN H. BELL
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced MAR. 1
6. (b) Name of husband or wife AMANDA 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased DECEMBER (Month) 14 (Day) 1865 (Year)

8. AGE: Years 82 Months 5 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace PISGAH (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business ____
FATHER
12. Name WILLIAM BELL
13. Birthplace ____ (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name MARIA MAHAN
15. Birthplace PISGAH (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant A. C. BELL
(b) Address 1815 W 3RD - SEDALIA - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation TIPTON, MISSOURI
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia, Mo.
19. (a) 6/3/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1948 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from June 2nd, 1948, to ____, 19__; that I last saw him alive on June 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertension	
Due to ____	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

94W

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 P V Siegel M.D. (M.D. or other)
Address Smithton Mo. Date signed 3 June '48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-8-48

JUL 22 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 Frank S. Coffman Jr, Registered Apprentice No., working under my personal supervision.

Signed John G. Cantlon
Licensed Embalmer No. 4387
P. O. Address Sedalia, 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.