

FILED MAY 21 1948

Registration District No. 293

Primary Registration District No. 3074

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 509 Wilson 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Wilson St 2
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME ODIE MAE 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 Married

6. (b) Name of husband or wife W. J. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 1 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ky 1

10. Usual occupation at home

11. Industry or business _____

12. Name Elbert Beck

13. Birthplace _____ (City, town, or county) (State or foreign country) Ky 1

14. Maiden name Fannie Gray

15. Birthplace _____ (City, town, or county) (State or foreign country) Ky 1

16. (a) Informant W. J. Bell

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof 4-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Sikeston, Mo

19. (a) 5-14-48 (b) Mrs. D. G. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 1
1948, to April 9, 1948

that I last saw her alive on April 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral Duration 12 hrs.

Due to Hypertension, Essential

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. D. Martin (M. D. or other) _____

Address Sikeston, Mo Date signed 4-10-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 548-628

Date Filed 5-18-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.