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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20013  
Registrar's No. 59

Registration District No. 175

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County LAWRENCE

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

(c) Name of hospital or institution:  
AURORA HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 HOURS  
(Specify whether years, months or days)

In this community 2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE 55

(c) City or town MARIONVILLE  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 0  
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES SILVESTER BELL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-32-9716

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSA BELL

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased NOV 11 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 6 20 hr. min.

9. Birthplace LOUISVILLE TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER & PRACTICAL NURSE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOE BELL

13. Birthplace LOUISVILLE TENN.  
(City, town, or county) (State or foreign country)

14. Maiden name ELTZA BALLARD

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

16. (a) Informant MRS. ROSA BELL

(b) Address MARIONVILLE MO

17. (a) BURIAL (b) Date thereof 6/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARIONVILLE MO.

18. (a) Signature of funeral director J. B. Surridge

(b) Address MARIONVILLE MO.

19. (a) 6/1/48 (b) Osai McHatt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31  
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 30, 1948, to May 31, 1948.  
that I last saw h. IM alive on May 31, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death GASTRIC - Hemorrhage Duration 30 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 118

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 0

23. Signature A. P. Caputo (M. D. or other) \_\_\_\_\_  
Address Marionville, Mo Date signed 5-31-48

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

RECEIVED  
District Health Officer No. 6,  
District File Number 648-667  
Date Filed JUN 15 1948

JUN 23 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.....

William A. Fuller, Registered Apprentice No. 29  
working under my personal supervision.

Signed Herman Surrid  
Licensed Embalmer No. 3072  
P. O. Address Marionville

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.