

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25727

FILED SEP 15 1948

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Jerico Springs,
(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 /
years, months or days)

3. (a) PRINT
FULL NAME

Ida Bell

3. (b) If veteran,
name war

3. (c) Social Security
No. /

4. Sex F
Color or
race W

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

6. (b) Name of husband or wife
Cyrus H. Bell

6. (c) Age of husband or wife if
alive 58 years

7. Birth date of deceased January
(Month)

16 (Day)
1873 (Year)

8. AGE:

Years

Months

Days

If less than one day

75

1

27

hr.

min.

9. Birthplace

(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

12. Name Hiram Chapman

13. Birthplace

Unknown
(City, town, or county)

(State or foreign country)

14. Maiden name

Betty

15. Birthplace

Unknown
(City, town, or county)

(State or foreign country)

16. (a) Informant

Selia M. Dotts

(b) Address

Jerico Springs, Missouri

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3 14 1948
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenfield Cemetery

18. (a) Signature of funeral director

Church - State

(b) Address

Stockton, Missouri

19. (a) 5-1-48

(Date received local registrar)

(b)

Mrs. Velma Ellis
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Jerico Springs, Mo.
(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 March day 13
year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 3-4-48 to 3-7-48

that I last saw her alive on 3-7-48 and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho-pneumonia

Duration

Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Fracture right femur

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 20
(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)

(c) Means of injury

23. Signature Wm. B. Richter (M. D. or other)
Address Stockton Mo. Date signed 4-8-48

RECEIVED

District Health Officer No. 71

District File Number 8-48-1077

Date Filed 9-14-48

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 60

Primary Registration District No. 406

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Jerico Springs
(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 years, months or days)

3. (a) PRINT FULL NAME

Oda Bell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Jan 16 1906
(Month) (Day) (Year)

8. AGE:

Years 75 Months 1 Days 10 If less than one day
Hr. 11 min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Year 1948 hour 11 minute 13 M.

21. I hereby certify that I attended the deceased from 1948 to 1948,
that I last saw him alive on Jan 16 1906,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

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) accident
(b) Date of occurrence Feb. 29 '48 (20)
(c) Where did injury occur? Home Jerico Springs Cedar Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury Fell on hip

23. Signature Wm B. Richter (M. D. or other)

Address St Charles Mo Date signed 9-12-48

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

SUPPLEMENTARY

S-25727 1948