

Registration District No. 187

Primary Registration District No. 1514295

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Whiteside mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lecol H
(c) City or town Whitesides 511
(If outside city or town limits, write "RURAL")
(d) Street No. 000
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward C. Bell
3. (b) If veteran, name war 0
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 19
year 1948 hour 6 minute 6 M.
21. I hereby certify that I attended the deceased from 8-17
1948 to 8-19 1948
that I last saw him alive on 8-19-48
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Minie Bell
(c) Age of husband or wife if alive 67 years
7. Birth date of deceased: Nov-12-1892
(Month) (Day) (Year)

Immediate cause of death: Crownary Thrombus
Due to Endocarditis Duration yes

8. AGE: Years 75 Months 9 Days 7
If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Lincoln Mo
(City, town, or county) (State or foreign country)
10. Usual occupation merchant

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name T. J. Bell
13. Birthplace Jerseyville Ill
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Dowd
15. Birthplace VA
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Edward C. Bell
(b) Address Whiteside Mo
17. (a) Burial (b) Date thereof Aug 21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alexander
18. (a) Signature of funeral director H. E. Fosch
(b) Address Edia Mo
19. (a) Aug 20-1948 (b) H. E. Fosch Deputy
(Date received local registrar) (Registrator's signature)

While at work? (Specify type of place)
(c) Means of injury
23. Signature Matthew L. Lee (M. D. or other)
Address Date signed 8-28-48

RECEIVED
District Health Officer No. 9,
District File Number
SEP 9 - 1948
Date Filed

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 *Norman E. Gooch*

Licensed Embalmer No. *2342*

P. O. Address *Esolia - Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.