

Registration District No.

Primary Registration District No. 5115

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Pura - Whitewater Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. N.E. of Patton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 67 yrs - 8 mos. 23 days
years, months or days)

3: (a) PRINT
FULL NAME

Amenda Ellen 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 11, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 23 hr. min.

9. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None - Invalid

11. Industry or business _____

12. Name Thomas Bell

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

14. Maiden name Louisa Bollinger

15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Bell

(b) Address Patton, Missouri

17. (a) Burial (b) Date thereof 9-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Post Oak Cemetery, Bollinger

18. (a) Signature of funeral director Webb-Addams

(b) Address Fredericktown, Mo.

19. (a) Oct 2, 1948 (b) William Newburgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Pura
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. N.E. of Patton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4
year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her dead and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

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) _____
(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 John J. Moore (M. D. or other) _____
Address Fredericktown, Mo. Date signed 9/7/48

RECEIVED

Health Officer No. 4
District File Number 1048-1247
Date Filed 10-5-48

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 Not
_____, Registered Apprentice No. _____
working under my personal supervision.

Not embalmed

Signed

L. Valjean Adams

Licensed Embalmer No. 4357

P. O. Address Fredericktown, Md.

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.