S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32280

Primary Registration District No. 4095

Registrar's No. 186

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Drexel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital, in own home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Does not apply. (Specify whether
In this community: 35 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Cass.
(c) City or town: Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No.: No street numbers.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: Does not apply.

3. (a) PRINT FULL NAME: DANIEL GARRETT BELL
3. (b) If veteran, name war: None.
3. (c) Social Security No.: 496-24-5516
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ollie Dawson Bell
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Jan. 15, 1865. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	9	6	hr. min.

9. Birthplace: Mason County. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Carpenter, Retired.
11. Industry or business: General Carpenter work.
FATHER
12. Name: Wm. T. Bell.
13. Birthplace: (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Mary E. Garrett.
15. Birthplace: (City, town, or county) Pa. (State or foreign country)
16. (a) Informant: Mrs. Ollie Bell.
(b) Address: Drexel, Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 10/22/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Sherman Cemetery.
18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Missouri.
19. (a) 10/22/48. (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October, day: 21, year: 1948, hour: 1, minute: 25 A.M.
21. I hereby certify that I attended the deceased from 9/10/1948, 1948, to Oct. 21, 1948; that I last saw him alive on Oct. 15th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Collapse	
Due to: Cerebral Embolism	
Due to: Chronic Cardiac decompensation	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. D. Marsh (M. D. or other) D.O.
Address: Drexel, Missouri. Date signed: 10/21/1948.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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, personally

working under

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.