S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5143

State File No. 39476

Registrar's No. 408

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Twp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 5 Poplar Bluff Mo 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ernest Bell

3. (b) If veteran, name war ✓

3. (c) Social Security No. 498-12-6160

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ardeon Bell

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 9 (Month) — 1 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	13	..... hr. ..... min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Aaron Bell
13. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ardeon Bell

(b) Address Route 5 - Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Blytheville, Ark.

18. (a) Signature of funeral director Greer, Cray + Fitch

(b) Address Poplar Bluff Mo

19. (a) 12/16/48 (Date received local registrar) (b) P. Hunnelle (Registrar's signature) 25

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 14
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10 Dec. 1948 to 14 Dec. 1948
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 30	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address Poplar Bluff Mo Date signed 16 Dec 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 12-48-1685
Date Filed 12-20-48

JAN 12

DEC 2 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 Russell O. Vaughn, Registered Apprentice No. 233, working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 2857

P. O. Address Poplar Bluff 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.