

BUREAU OF THE CENSUS
FILED JAN 3 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42188

State File No.

Registration District No. 336

Primary Registration District No. 6125

Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town RURAL-CASTO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9 MI. NORTH SUMMERSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME BEVERLY ANN 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 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased NOV 17 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 30 min.

9. Birthplace SHANNON MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name PEARL BEN WILLIAMS

15. Birthplace SHANNON MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bell

(b) Address 204 North 1st St

17. (a) BURIAL (b) Date thereof NOV 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PILEY CEMETARY

18. (a) Signature of funeral director NOVE

(b) Address _____

19. (a) 12-24-46 (b) B. B. Rallen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON
(c) City or town RURAL-CASTO
(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 NOV day 17
year 1946 hour 5:30 minute 7 M.

21. I hereby certify that I attended the deceased from 8 AM NOV 17, 1946, to 9 AM, 1946, that I last saw her alive on NOV 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____

PREMATURE

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 B. B. Rallen (M. D. or other) Dr

Address Summersville Date signed NOV 18

RECEIVED 12-27-48
District Health Officer No. 6,
District File Number 1248796
Date Filed 12-27-48

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.