

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5580**

FILED MAR 10 1949

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Charleston		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (in this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 712 Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Grand Ave.		e. FULL NAME OF HOSPITAL OR INSTITUTION 712 Grand Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) --- c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1949		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 1, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Wolf Island, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Howard Underwood	13b. MOTHER'S MAIDEN NAME Margaret Bailey	14. NAME OF HUSBAND OR WIFE George Bell (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Lovings ADDRESS 712 Grand Ave., Charleston, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary carcinoma of right lung sec. 2nd		INTERVAL BETWEEN ONSET AND DEATH.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis		II. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION aspirated Pleural effusion		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Charleston (Missouri) (Missouri)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from **Dec 16, 1948** to **Feb 24, 1949**, that I last saw the deceased alive on **Feb 24, 1949** and that death occurred at **10:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Chest Plowing M.D.	23b. ADDRESS Charleston Mo	23c. DATE SIGNED 2/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Missouri		

DATE REC'D BY LOCAL REG. Feb. 28-49	REGISTRAR'S SIGNATURE Mrs. John Bonduant	196	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
67
3

RECEIVED

District Health Office No. 2

District File Number 349-36

Date Filed 3-2-4

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Gir. 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.