

STANDARD CERTIFICATE OF DEATH

State File No.

36630

Registration District No. 538Primary Registration District No. 3028Registrar's No. 76

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Fredericktown Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Sharon Wiladine Bell

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

7. Birth date of deceased Oct 11 1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 5 min.9. Birthplace Fredericktown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Glenn Bell13. Birthplace Madison Co. Mo
(City, town, or county) (State or foreign country)14. Maiden name Erilyn Paston15. Birthplace Fredericktown Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Glenn Bell(b) Address Fredericktown Mo17. (a) Burial (b) Date thereof Oct 12-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredericktown Mo18. (a) Signature of funeral director Ed. H. H. H.(b) Address Fredericktown Mo19. (a) Oct 12-1939 (b) S. C. S. S.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")(d) Street No. Highland Park
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1939 hour 3:45 minutes P M21. I hereby certify that I attended the deceased from at Birth
3:45 P.M., 1939, to 9:30 P.M., 1939
that I last saw her alive on 8 P.M. 10/11/39, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Prematurely born
8 months gestation Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations none

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)
- none
-
- (b) Date of occurrence
- 9:30 P.M. Death
-
- (c) Where did injury occur?
- at Injury at home
-
- (City or town) (County) (State)
-
- (d) Did injury occur in or about home, on farm, in industrial place, or public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature M. P. Barber M. D. or other _____
Address Fredericktown Mo Data signed 10/12/39

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.

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, above space should be left blank.