

DEC 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39026  
Do not use this space.

1. PLACE OF DEATH

(a) County Richman Registration District No. 635  
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 1160  
(c) City St Joseph  
(d) Street No. St Joseph Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Squire Bell

(a) Residence, No. 1712 Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 18 67

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 1 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Caterer  
9. Industry or business in which work was done, as saw mill, bank, etc. Henry Don  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 13. NAME Horace Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William Bell 1212 West Columbia

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 11/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Raymond M. McKay 1602 Missouri

20. FILED 11-14 1939 St Joseph Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1939 to Nov 9 1939

I last saw him alive on Nov 9 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia Date of onset 10-28-39

Other contributory causes of importance: Chronic Subacute Nephritis and Similarity

Name of operation None Date of no  
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) J. D. Serival M. D.  
(Address) 2550 16th St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

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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 J F Ramsey

Licensed Embalmer No. 4081

P.O. Address St Joseph 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, above space should be left blank.**