

JAN 11 1940

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

42801
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 5646 S. 2nd. Registered No. 1279
(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 36 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MALISSA ANN DOLLIE BELL

(a) Residence, No. 5646 S. 2nd. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Bell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26th 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 15

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

12. BIRTHPLACE (CITY OR TOWN) Gentry County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Lewis Vance

14. BIRTHPLACE (CITY OR TOWN) Clay County, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Martin

16. BIRTHPLACE (CITY OR TOWN) Clay County, Mo. (STATE OR COUNTRY)

17. INFORMANT Thomas Bell (ADDRESS) 5646 S. 2nd. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE DEC. 14/1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Dec 17 1939 AD. rec. cl. b. h. s. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1939 to Dec. 11 1939
I last saw h. alive on Dec 9 1939 Death is said to have occurred on the date stated above, at 6:55 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis 1938
Ch. Hypertension 1938
Other contributory causes of importance: 46
Secondary anemia 1939

Name of operation Chained Date of What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) M. D. (Address)

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

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.....

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.