

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

2409
Do not use this space.

FILED FEB 13 1940

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 79
 (c) City SPRINGFIELD (d) Street No. 900 S. Missouri 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 Mrs. Mamie Bell
 (a) Residence, No. 900 S. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward S. Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, unk.

7. AGE YEARS About 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Hartford (STATE OR COUNTRY) Conn.

FATHER 13. NAME William Keough

14. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mary Corroll

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

17. INFORMANT Edward S. Bell (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Jan. 27, 1940

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED 1/27/1940 Chas. A. Duff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1940 to Jan 25, 1940
 I last saw her alive on Jan 25, 1940. Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset 1/23/40

Other contributory causes of importance:
Terminal Uremia
Chronic Papillitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. H. White, M. D.
 (Address) Springfield, Mo.

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.....

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.

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