

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26500

State File No.

Registrar's No.

Registration District No. 859

Primary Registration District No. 6128

1. PLACE OF DEATH:

- (a) County Taney Mo
 (b) City or town Branson, 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) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
years, months or days

8. (a) PRINT FULL NAME HATTIE LOU BELL 45
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 20 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 30 min.

9. Birthplace Branson Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

- MOTHER FATHER
 12. Name Wesley Alvin Bell
 13. Birthplace Amaha Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Stover
 15. Birthplace Marionville Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Amaha, Ark.

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Taney
 (c) City or town Branson
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1940 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 20, 1940, to May 20, 1940
 that I last saw her alive on May 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Premature Birth being 6 month baby

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Harry T. Evans (M. D. or other) MD
 Address Branson, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer, No. 6,

District File Number 840-2406

Date Filed AUG 05 1940

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26500**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **859**

Primary Registration District No. **6128**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Stoney**

(b) City or town **Branson T.P.**
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Hattie Lou Bell**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **F** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

hr. **3** min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.A. Bell**

(b) Address **Branson Mo**

17. (a) **Removal** (b) Date thereof **May 21 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brnaha Ark**

18. (a) Signature of funeral director **None**

(b) Address.....

19. (a) **July 31 1940** (b) **John H. Baxter**
(Interceives local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

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

DECLARATION OF CERTIFICATION

20. DATE OF DEATH Month **May** day **20**
year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M, D, or other).....

Address..... Date signed.....

SUPPLEMENTAL

