

Registration District No. 683

Primary Registration District No. 5th 4407

Registrar's No. 10

NOV 20 1940

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Ashley
(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 Life
years, months or days

3. (a) PRINT FULL NAME Noah Bell

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

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

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

7. Birth date of deceased Nov 8 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Day laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Porter Bell

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

14. Maiden name Patsy Pogue

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

16. (a) Informant's own signature _____

(b) Address Ashley Mo.

17. (a) burial (b) Date thereof 10-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Mo.

18. (a) Signature of funeral director Grace Bunkerhead

(b) Address Bowling Green, Mo

19. (a) 10-8-40 (b) Mrs Dyes Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Ashley
(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 10 day 5
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10-1
 1940, to 10-5 1940;
 that I last saw him alive on 10-5 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Due to 21

Due to _____

Other conditions Bright disease 2 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(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) _____
 Means of injury _____

23. Signature H H Wilcoxon (M. D. or other) _____

Address Bowling Green, Mo Date signed 10-8-40

USE NON-FADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2044

Date Filed NOV 8 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.....

Grace Banfield

Licensed Embalmer No.....

2204

P. O. Address.....

Bowling Green, Va.

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.