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X23159

Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 1256

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution 618 So. 6th Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 40 yrs (Specify whether years, months or days)

In this community about 40 yrs

3. (a) PRINT FULL NAME Ashley Bell

3. (b) If veteran name was Sparch, Tex, Vet (c) Social Security No. none

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased about the 4th 1850  
(Month) (Day) (Year)

8. AGE: Years 90 Months unt Days unt If less than one day hr. unt min. unt

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

10. Usual occupation Spence American Vet

11. Industry or business Laborer (old job)

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant D. F. Rausser

(b) Address 1602 W. Madison

17. (a) Wardworth (b) Date thereof 12-5/1940  
(Special, ceremonial or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods West Plains

18. (a) Signature of funeral director Remyson, Mon

(b) Address 1602 W. Madison

19. (a) 12-4-1940 (b) D. Nestlebrook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Buchanan

(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 618 So. 6th  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25<sup>th</sup> year 1940 hour 9 P.M. minute unt M. unt

21. I hereby certify that I attended the deceased from Aug, 1940, to 27 Nov, 1940 that I last saw him alive on 22 Nov, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to unt

Due to unt

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

Major findings: unt

Of operations unt

Of autopsy unt

Duration 2 yrs

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) unt

(b) Date of occurrence unt

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

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

(Specify type of place) unt

While at work? unt (c) Means of injury unt

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

Address unt Date signed 4 Dec 40

**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 *J. F. Ramsey*

Licensed Embalmer No. *4081*

P. O. Address *St Joseph m*

**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, fact should be so stated above.**