

No. 2
10-39
17-39
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APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10496
State File No.

Registration District No. 221

Primary Registration District No. 5302

Registrar's No.

27
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Clifton City, Mo
(c) Name of hospital or institution: St. Elizabeth's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Clifton City
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAMES Sarah Jane Bell
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9
year 1941 hour 5 minute 35 a.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William Kirby Bell
(c) Age of husband or wife if alive 91 years
7. Birth date of deceased Sept 11 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1941 to Jan 9 1941
that I last saw her alive on Jan 8 1941
and that death occurred on the date and hour stated above.

8. AGE: 80 Years 7 Months 28 Days
If less than one day _____ hr. _____ min.

Immediate cause of death Suppurating
Due to Bacterial Pneumonia
Duration 4 days

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Henry Ogle
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ogle
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Roy Don Cannon
(b) Address Clifton City, Mo
17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Providence Cemetery
18. (a) Signature of funeral director S. F. Parker
(b) Address Overwith, Mo
19. (a) 4/10 1941 (b) W. H. Fogle
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Fogle (M. D. or other) _____
Address _____ Date signed _____

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.

no embalming

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.