No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32185

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 64

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 7 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 078
(a) State Mo (b) County Pemiscot 0
(c) City or town Hayti Mo. R#1 0
(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.? 0 years.

3. (a) PRINT FULL NAME Eliza Bell
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Bell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 10 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	19	hr. min.

9. Birthplace McNary Linn (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Coats
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Henry Bell
(b) Address Trembly Linn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sep 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Trembly Linn
18. (a) Signature of funeral director McDaniel Hawn
(b) Address Trembly Linn
19. (a) 9/30/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1941 hour 4:15 minute a M.
21. I hereby certify that I attended the deceased from Sept. 28, 1941, to Sept. 29, 1941; that I last saw her alive on Sept. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	
Due to	
Due to	
Other conditions Senility (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. J. Shirley (M. D. or other)
Address Hayti, Mo. Date signed 9-29-41

776 (Licensed Embalmer's Statement on Reverse Side)

10-41-2

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.