S. No. 2
M—9-4-41
v. 5-17-39
I X29484

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942 128

Registration District No. ~~218~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30340

Primary Registration District No. 2000

Registrar's No. 689

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1815 N. CAMPBELL AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Greene 39

(c) City or town Springfield ~~Mo~~ 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1815 N. CAMPBELL AVE.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME LYDIA A. BELL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN S. BELL

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased DEC. (Month) 22 (Day) 1858 (Year)

8. AGE: Years 83 Months 9 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business In home

FATHER
12. Name Wash Scroggins
13. Birthplace Polk Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Gallenger
15. Birthplace Polk Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant John S. Bell
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Morrisville Mo.

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 9-24-42 (Date received local registrar) (b) D. W. Hardy (Registrar's signature)

984

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 22nd year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 1st, 1942, to Sept 22, 1942, that I last saw her alive on Sept 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Vascular Disease — Duration 3 Mo

Due to

Due to

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

131a

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 0

23. Signature Max Fitch (M. D. or other) M.D.

Address Springfield Mo Date signed 9-23-42

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Bauin

Licensed Embalmer No. 1763

P. O. Address Springfield Mo

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.