

Filed NOV 11 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
414 S. Mulany 1  
(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 time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 414 S. Mulany  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lelia Elizabeth Bell

3. (b) If veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day twenty month 1942 year 1942 hour first minute 50 P. M.

21. I hereby certify that I attended the deceased from July 14, 1942, to October 29, 1942  
that I last saw her alive on October 29, 1942  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John A Bell 6. (c) Age of husband or wife if alive 75 years  
Birth date of deceased Feb. 7 1866  
(Month) (Day) (Year)

Immediate cause of death Chronic myocar-dosis

Due to Chronic progressive bulbar palsy

Other conditions (include pregnancy within 3 months of death) 930

8. AGE: Years 76 Months 8 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Invalid

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Richard John

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

14. Maiden name Martha E Sanders

15. Birthplace Mo  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Wm C Kelly (M. D. or other) Dr  
Address Kirksville, Missouri Date signed 11/3/42

16. (a) Informant Dr John A Bell

(b) Address 414 S. Mulany

17. (a) Burial (b) Date thereof Oct. 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Iowa

18. (a) Signature of funeral director Sumner Croves

(b) Address Kirksville, Mo

19. (a) 11/3/42 (b) Mrs. L. Wayne  
(Date received local registrar) (Registrar's signature)

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

1  
3  
3

1047

RECEIVED

District Health Officer No. 10

District File Number: 11-42-2012

Date Filed: NOV - 9 1942

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 W. E. Summer

Licensed Embalmer No. 2157

P. O. Address Rockville

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.