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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 14 1942

Registration District No. 87

Primary Registration District No. 5328

Registrar's No. 359

28
00

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

1. PLACE OF DEATH: Crawford

(a) County _____

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

(c) Name of hospital or institution: Kelsey Surg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Years.
years, months or days

3. (a) PRINT FULL NAME Soud Bell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 20 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Hickory Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business Railroad.

MOTHER FATHER { 12. Name: Joe Bell

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

14. Maiden name Mary Ash

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

16. (a) Informant Addie Kellev

(b) Address Leasburg, Missouri.

17. (a) Cross Burial (b) Date thereof Oct. 30, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads, Mo.

18. (a) Signature of funeral director Thos. P. Steffen

(b) Address Sullivan, Missouri.

19. (a) Nov 2-42 (b) H. F. Swin M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 28

(a) State Missouri (b) County Crawford

(c) City or town Leasburg, (Rural)
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 19 41 to Oct. 19 42,
that I last saw h alive on Oct. 22 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 2 yrs Duration

Due to _____

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature William H. Brewster (M. D. or other) MD

Address St. James, Mo. Date signed 10/30/42

RECEIVED

District Health Officer No. 5,

District File Number 1142008

Date Filed _____

DEC 22 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 Edgar W. Safflow

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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, above space should be left blank.