

12973

FILED JAN 12 1943

Primary Registration District No. 3043

Registrar's No. 378

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2414 Broadway 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 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Hannibal
(If outside city or town limits, write "RURAL") ⁷

(d) Street No. 2414 Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Archie Owen Bell

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December ⁷
year 1943 hour 12 minute 45 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sara Martha Bell

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 14 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec, 1943, to Dec, 1943
that I last saw him in alive on Dec. 7, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>23</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death Myocardial degeneration

Due to Smoking

Due to _____

9. Birthplace New Hartford Illinois
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Retired Filling station operator

11. Industry or business Conoco Filling station

12. Name John Bell

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

14. Maiden name Sarasa Campbell

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

93d

16. (a) Informant Mrs Sara M. Bell

(b) Address 2414 Broadway, Hannibal, Mo.

17. (a) Burial (b) Date thereof Dec 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation my chiet cemetery

18. (a) Signature of funeral director Reg P. Schwarz

(b) Address 1100 Bldway, Hannibal, Mo.

19. (a) 12-14-43 (b) W. Connor
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W. Connor (M. D. or other) _____
Address Hannibal Mo. Date signed _____

1146

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

No. 2
-2-43
17-39
X35697

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 P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address *117 1/2 Ave., Hamstead, Md.*

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.