

FILED JUN 8 1944
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 318 W. 11th
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Bell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cleveland E. Bell 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 10 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Home

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wulff

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Bell

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 5/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-13-44 (b) Mrs Anna Benz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1944 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from May 10, 1944, to May 12, 1944, that I last saw her alive on May 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 2da

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a!

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 _____ (c) Means of injury _____

23. Signature A. L. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed 5-13-44

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

80
6
4

80
6
4

MAY 4 1930

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-30

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address. Sedalia, 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.