

FILED NOV 24 1944

Registration District No. **264**

Primary Registration District No. **5891**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Osage**  
(b) City or town **Hainesville, Rural, Boone**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **W.P.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life time** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry D. Bell**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Pearl J. Bell** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **March 29 1896**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **15** If less than one day hr. min.

9. Birthplace **Wasson Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

12. Name **Malcolm Bell**

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

14. Maiden name **Martha Hillburn**

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

16. (a) Informant **ms. Pearl J. Bell**

(b) Address **Hainesville**

17. (a) **Burial** (b) Date thereof **Oct 17 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bell Cemetery**

18. (a) Signature of funeral director **McClure Funeral Home**

(b) Address **Hainesville, Mo**

19. (a) **10-17-44** (b) **Margaret Hulcher**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Osage**  
(c) City or town **Hainesville Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14** th  
year **1944** hour **7** minute **20** P.M.

21. I hereby certify that I attended the deceased from **July 3, 1944** to **1944**,  
that I last saw him alive on **Oct 14**, 19**44**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 1/2 hr**  
Due to **Arterial hypertension** **10 yr**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **836**  
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 \_\_\_\_\_

Signature **M J Heiman** **2008** other \_\_\_\_\_  
Address **Hainesville, Mo** Date signed \_\_\_\_\_

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

77  
00

1008

RECEIVED

District Health Officer No. 6,

District File Number 1144-1200

Date Filed NOV 20 1944

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 Lawrence J. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville, Tex.

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.