

Registration District No. **292**

Primary Registration District No. **4434**

1. PLACE OF DEATH:

(a) County **Ralls County**
(b) City or town **Center**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center, Mo.
(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** _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **John H. 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 **Widowed**

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

7. Birth date of deceased **Oct 1 1863**
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **17**
If less than one day _____ hrs. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Robert Bell**

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

14. Maiden name **Emeline Clark**

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

16. (a) Informant **Arthur Brookes**

(b) Address **Frankford Mo**

17. (a) **Burial** (b) Date thereof **Dec 20 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **[Signature]**

(b) Address **Center Mo**

19. (a) **Dec. 22-44** (b) **Mrs. Earl Parkinson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ralls**
(c) City or town **Center**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**
year **1944** hour **5** minute **30** p.m.

21. I hereby certify that I attended the deceased from **May 20**
19 **44** to **Dec. 17** 19 **44**
that I last saw him alive on **Dec. 16** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis (acute) **8 days**
Due to **Myocarditis chronic** **8 mo.**
Due to **unknown**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

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 _____

23. Signature **C.H. Brooks Jr** (M. D. or other) **DO.**
Address **Center, Missouri** Date signed **12-22-44**

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

7000

133

RECEIVED

District Health Officer, No. 10

District File Number 1-45-157

Date Filed JAN 12 1945

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 Gene R. Hulse

Licensed Embalmer No. 4263

P. O. Address Center St

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.