

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
FILED NOV 20 1945 STANDARD CERTIFICATE OF DEATH

337

37893

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 309

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

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: 2414 Broadway 1  
(d) Length of stay: In hospital or institution 60 years  
In this community 60 years

3. (a) PRINT FULL NAME Dora Martha 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, widowed  
6. (b) Name of husband or wife Arch. O. Bell  
6. (c) Age of husband or wife if alive 16 years  
7. Birth date of deceased December 18, 1870

8. AGE: Years 74 Months 10 Days 0  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
12. Name Roswell D. Cass  
13. Birthplace Ohio 1  
14. Maiden name unknown  
15. Birthplace Ohio 1

16. (a) Informant Chester Bell

(b) Address 2414 Broadway, Hannibal, Mo.

17. (a) Burial (b) Date thereof Oct. 18, 1945

(c) Place: burial or cremation Mt. Olivet cemetery

18. (a) Signature of funeral director Roy P. Schuyert

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 10-20-45 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(d) Street No. 2414 Broadway 4  
(e) Citizen of foreign country? no  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1945 hour 8 minute - A.M.

21. I hereby certify that I attended the deceased from Mch 26 - 1945  
19 to Oct 16 1945  
that I last saw h. u. alive on Oct 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Metastatic Carcinoma  
Due to Carcinoma Cervix + Uterus  
Duration 1 yr.  
3 yrs.

Due to  
Other conditions  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. E. Sultman (M. D. or other)  
Address Hannibal MO Date signed 10/18/45

**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

*George T. Bond*

Licensed Embalmer No.

*4373*

P. O. Address

*P.O. Box 161, Hamilton*

**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.**