

FILED MAY 14 1946

Registration District No. **280**

Primary Registration District No. **4423**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community Entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston
(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 _____

3. (a) PRINT FULL NAME Eliza Bell

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female 5. Color or race negro

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

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

7. Birth date of deceased no record 1868
(Month) (Day) (Year)

8. AGE: 82 years, _____ months, _____ days
If less than one day hr. min.

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

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Ray Bell

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

14. Maiden name unknown

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

16. (a) Informant George Bell

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Mar. 31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Weston, Missouri

19. (a) 4-3-46 (b) Mrs. Ophelia Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 14
46 to March 28, 46
that I last saw her alive on March 26, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction or descending colon caused by cancer metastasizing into liver
Duration 8 mo.

Due to XXXXX

Due to XXXX

Other conditions Markedly distended gall bladder
(Include pregnancy within 3 months of death)

Major findings: none

Of operations 4/6

Of autopsy as given above

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) XXXX

(b) Date of occurrence XXXXX

(c) Where did injury occur? XXXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX

While at work? XXXX (Specify type of place) (e) Means of injury _____

23. Signature Lewis P. Calver (M. D. signature)
Address Weston Mo. Date signed 4/3/46

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

LOWE

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston, 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.