

FILED JUN 10 1946

Registration District No. 267

Primary Registration District No. 244

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ten days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Alton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. / (If rural, give location) 1
(e) If foreign born, how long in U. S. A. / years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,
year 1946 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5/25 to 5/28 1946
that I last saw him alive on 5/27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 4 1/2 days
Duration

Due to Hypertension 10 1/2 years
Due to Arteriosclerosis 10 1/2 years

Other conditions (Include pregnancy within 3 months of death) /

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? /

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

23. Signature J. W. Denton (M. D. 1930)
Address Hayti Mo. Date signed 5/28/46

3. (a) PRINT FULL NAME Dellie Elizabeth Bell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Noah Bell 6. (c) Age of husband or wife if alive 11 years 1878 (Year)

7. Birth date of deceased Nov. (Month) 11 (Day) 1878 (Year)

8. AGE: Years 67 Months 6 Days 17 If less than one day / hr. / min.

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

10. Usual occupation House wife

11. Industry or business home

12. Name Frank Faulkenberry
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bodenhammer
15. Birthplace Alton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Bell
(b) Address Hayti Mo.

17. (a) removal (b) Date thereof 5/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton Missouri

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

1043?

365

5-46-115

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 Jack Kelley
Licensed Embalmer No. 3788
P. O. Address Hayth. 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, above space should be left blank.

Registration District No. 267

Primary Registration District No. 3049

1. PLACE OF DEATH: Remscheid

(a) County.....

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

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

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(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.....

3. (a) PRINT FULL NAME: Rebbie E. Bell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased mw
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 6 If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 6-1-46 (Date received local registrar) (b) Heinie Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Year 1946 (hour) minute M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alone on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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..... (M. D. or other) Address Date signed.....

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

SUPPLEMENTARY

17577