

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41284

FILED JAN 18 1947

Primary Registration District No. 3041

Registrar's No. 138

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lamaritan Hospital
(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

3. (a) PRINT FULL NAME Robert Pearle Bell
(b) If veteran, name war 2
(c) Social Security No. ✓

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 8 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____
12. Name Joe W. Bell
13. Birthplace Berlin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name William Pearl Smith
15. Birthplace Berlin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joe W. Bell
(b) Address Berlin Mo

17. (a) Rural (b) Date thereof 12-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation West Oakwood Cemetery

18. (a) Signature of funeral director H. E. Edwards
(b) Address Berlin Mo

19. (a) 1-9-47 (b) Will M. Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town Berlin
(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 12 day 8
year 1946 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-8-1946
to 12-8-1946
that I last saw him alive on 12-8-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prolapsed
food in a premature
baby due to spontaneous
rupture of membranes in
mother's mouth prior
to birth of baby
Resulting compression of food
caused death
Duration 10 min
Other conditions uter
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 159
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 0
23. Signature P. J. Conway (M. D. or other)
Address Macon Mo Date signed 1-3-47

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

41072

