S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17919

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 DAYS (Specify whether years, months or days)
In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 248 BLAND AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SYLVIA FLO 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 MARRIED
6. (b) Name of husband or wife KENNETH E BELL
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased FEB (Month) 26 (Day) 1913 (Year)
8. AGE: Years 34 Months 2 Days 18 If less than one day hr. min.
9. Birthplace LACLEDE Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER 12. Name HOMER HOUK
13. Birthplace LACLEDE Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name MARTHA E BOHANON
15. Birthplace LACLEDE Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant K E Bell
(b) Address LEBANON Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON Mo
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON Mo
19. (a) May 24, 1947 (Date received local registrar) (b) Org Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 year 1947 hour 7 minute P M.
21. I hereby certify that I attended the deceased from May 1, 1947, to May 14, 1947; that I last saw her alive on May 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
2nd degree burns	14 days
Due to hypostatic pneumonia	2 days
Due to toxemia	2 days
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) suicide
(b) Date of occurrence May 1, 1947
(c) Where did injury occur? Lebanon, Laclede, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home. (Specify type of place)
While at work? (e) Means of injury Kerosene
23. Signature James L. Hope, (M. D. or other)
Address Lebanon, Mo Date signed 5/20/47.

(Licensed Embalmer's Statement on Reverse Side)

Received 5/29/47

Laclede County Health Unit

File No. 5/47-88

Date Filed 5/29/47

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 D A Palmer

Licensed Embalmer No. 1161

P. O. Address LEBANON

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.