FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 209

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5450
Primary Registration District No. 3043
Registrar's No. 87

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 700 N. Section 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emma May 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 Widow 2
6. (b) Name of husband or ~~wife~~ William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 24. (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Joseph Baker
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Agenith Ackley
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant William C. Bell
(b) Address 700 N. Section Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend Mo
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 3-6-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1948 hour – minute 2 P M.
21. I hereby certify that I attended the deceased from 1-13, 1948, to 2-29, 1948, that I last saw her alive on 2-29, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 14 days |
| Due to Hypertensive heart disease | Unknown |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 935 | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. L. Greene (M. D. or other) 11111
Address Holmes Bldg., Hannibal, Mo. Date signed 3-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

## 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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.