

# Certificate of Death

11789

FILED

Certificate No. ....

941 DEC 26 PM 2 39

1. NAME OF DECEASED George Glenn BELL none  
(Print or Type-write) First Name Middle Name Last Name Social Security Number

**PERSONAL PARTICULARS**  
(May be filled in by Funeral Director)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State New York  
(c) City, Town or Village St. Albans, LI, NY  
(b) Co. Queens  
c/o Chisholm  
(d) No. 178-34 114th Road  
(If in rural area, give location)  
(e) Length of residence or stay in City of off and on for  
New York immediately prior to death past six years

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough The Bronx  
(c) Name of Hospital or Institution Veterans Administration  
(If not in hospital or institution, give street and number.)  
(d) Length of stay at place of death immediately prior to death 9/12/41 to 12/25/41

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
December 25, 1941 1:00 P.M.

4 ~~WIFE~~ HUSBAND of Claudia Bell

18 SEX Male 18 COLOR OR RACE White 20 Approximate Age 67 years

5 DATE OF BIRTH OF DECEASED (Month) (Day) (Year)  
November 2, 1874

21 I HEREBY CERTIFY that ~~(I examined the deceased)~~  
(a staff physician of this institution attended the deceased)\*  
from Sept. 12, 1941, to Dec. 25, 1941,  
and last saw h.i.m. alive at 1:00 P.M. on Dec. 25, 1941.

6 AGE 67 yrs. 1 mos. 23 days If LESS than 1 day, hrs. or min.

Statement of cause of death is based on autopsy (operation)  
(laboratory test) (clinical findings)\* (Cross out terms that do not apply.)  
Principal cause of death Pyelonephritis, suppurative, bilateral, with complicating Uremia, chronic, secondary. DATE OF ONSET Unknown

7 OCCUPATION  
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handyman and Laborer  
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Odd jobs

Contributory causes and other conditions

8 BIRTHPLACE OF DECEASED: (a) State or Country New York  
(b) County Unknown (c) City, Town or Village Greenwood

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? United States

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR World War

11 NAME OF FATHER OF DECEASED Sylvester Bell

Autopsy: December 26, 1941 Operation: Supraubic Prostatectomy 10/1/41  
Date of 1941 Date of 10/1/41  
(If none, so state) (If none, so state)

12 BIRTHPLACE OF FATHER (State or country) New York

Condition for which performed: Hypertrophied prostate.

13 MAIDEN NAME OF MOTHER OF DECEASED Emma Blake

14 BIRTHPLACE OF MOTHER (State or country) New York

Signature Carlton Bates M. D.  
CARLTON BATES, M.D., CHIEF MEDICAL OFFICER  
Address 130 W. Kingsbridge Rd. Date Dec. 25, 1941

15 SIGNATURE OF INFORMANT from records of deceased Information obtained from records of deceased. RELATIONSHIP TO DECEASED ADDRESS

22 PLACE OF BURIAL OR CREMATION Nadley, N. Y. DATE OF BURIAL OR CREMATION 12-26-41 Delayed.

23 FUNERAL DIRECTOR E. Decker Inc. ADDRESS 404 W. 57 St. PERMIT NUMBER 1040