REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17615
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2017
(c) City K. C. Mo. (d) Street No. General Hospital #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 340 Arthur Bethel
(a) Residence, No. 2111 Prospect St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Bethel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1903
7. AGE YEARS 36 MONTHS 1 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 1

FATHER
13. NAME Tom Bethel 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 1

MOTHER
15. MAIDEN NAME Ida Hodges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Record Clerk General Hospt #2
18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Cemetery DATE 5-15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appleton & Pres Inc 1905 Vine St.
20. FILED May 15, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1939, to 5-11, 1939
I last saw him alive on 5-11, 1939 Death is said to have occurred on the date stated above, at 3 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	
Toxic Nephritis	
Lungs not in 25 volume	

Other contributory causes of importance:
Tuberculosis 25 -

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) General Hospital #2

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.