

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.

NOV 14 1939

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

35058  
Do not use this space.

1. PLACE OF DEATH  
 (a) County JACKSON Registration District No. 399  
 (b) Township YAW Primary Registration District No. 100 Registered No. 4033  
 (c) City KANSAS CITY (d) Street No. REAR OF 1209 - WEST - 37TH 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 MR. VINTON IRWIN BELL  
 (a) Residence, No. 1215 WEST - 37TH St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. MARY BELL  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY - 28 - 1872  
 7. AGE YEARS 67 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STATION MASTER  
 9. Industry or business in which work was done, as saw mill, bank, etc. UNION STATION  
 10. Date deceased last worked at this occupation (month and year) OCTOBER 1939 11. Total time (years) spent in this occupation 48  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VINTON IOWA  
 FATHER 13. NAME WYATT BELL  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY  
 MOTHER 15. MAIDEN NAME SARAH PAULEY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA  
 17. INFORMANT (ADDRESS) MRS. MARY BELL 1215 WEST - 37TH STREET  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE OCT - 21 - 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD  
 20. FILED 10/21 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-39  
 22. I HEREBY CERTIFY, That I attended deceased from 10-20-39, 19...  
 I last saw Coroner live on 10-15-39, 19... Death is said to have occurred on the date stated above, at 12:15 P.M.  
 Principal cause of death and related causes of importance were as follows:  
Coronary atherosclerosis  
Chronic diffuse myocardial fibrosis  
Acute pulmonary edema  
 Other contributory causes of importance: gpc  
 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  
 If so, specify.....  
 (Signed) M. M. Brown, M. D.  
 (Address) K.C., Mo.

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**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. Hervey Quisenberry

Licensed Embalmer No. 40700

P. O. Address H. C. 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, above space should be left blank.**