

NOV 12 1940
Registration District No. 570

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7005 Prospect 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community About 15 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Minnie Bell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife James Bell 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Unknown 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months — Days — If less than one day — hr. — min.

9. Birthplace Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Rev. Turner 9

13. Birthplace Unk 9
(City, town, or county) (State or foreign country)

14. Maiden name Unk

15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant James Bell

(b) Address 2711 E. 53rd

17. (a) Burial (b) Date thereof Oct 15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Byes

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 10-16-40 (b) M. M. Grone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2711 E. 53rd
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - 11 - 40
year _____ hour _____ minute 8:30 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him Deputy Coroner _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Hypertensive Myocarditis 93%

Due to Arteriosclerosis

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

Signature Russell W. Fisher (M. D. or other) 5

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Eduw Evans

Licensed Embalmer No. 3836

P. O. Address.....

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.