

FILED JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4738**

1. PLACE OF DEATH: **Jackson**

(a) County.....

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

(c) Name of hospital or institution: **2630 Brooklyn** **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community **20 years**
years, months or days)

3. (a) PRINT FULL NAME **Lemuel Bell**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **486-10-2573**

4. Sex **M**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Zephрина Bell**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **March 3 1900**
(Month) (Day) (Year)

8. AGE: Years **40** Months **9** Days **6** If less than one day
.....hr.min.

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

10. Usual occupation **Bar Porter**

11. Industry or business **Laurel Buffet**

12. Name **Charles Bell**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy**

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

16. (a) Informant **Zephрина Bell**

(b) Address **2630 Brooklyn**

17. (a) **burial** (b) Date thereof **12/14/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hatkins Bros**

(b) Address **1729 Lydia**

19. (a) **12/13/40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2630 Brooklyn**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19** year **40** hour..... minute **8 P** M.

21. I hereby certify that I attended the deceased from..... 19.....
that I am a **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Congestion
Acute Gastritis
Gally Hepatitis **12582**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy **above**

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.....

23. Signature **Russell W. Brown** (M. D. or other).....
Address **Brooklyn** Date signed.....

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

MOTHER FATHER

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.....

Isaac Jerome Penland

Licensed Embalmer No. *3994*

P. O. Address *1130 E. 23rd St*

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.