

S. No. 2  
 11-10-39  
 v. 5-17-39  
 X21492

U.S. DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **41422**  
 Registrar's No. **4815**

Registration District No. **399**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
**Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1705 Park Ave**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community **Five Years**  
 years, months or days

**3. (a) PRINT FULL NAME** **Hannah Wright Bell**  
**8. (b) If veteran,** name war **No**  
**3. (c) Social Security** No. **No**

**4. Sex** **Female** **6. Color or race** **Negro** **6. (a) Single, widowed, married, divorced** **Widow**  
**6. (b) Name of husband or wife** **Deceased** **6. (c) Age of husband or wife if** **alive** \_\_\_\_\_ **years**  
**7. Birth date of deceased** **May** **10** **1850**  
 (Month) (Day) (Year)

**8. AGE:** Years **90** Months **7** Days **5-16**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **Unemployed**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Richardson Robinson**  
**18. Birthplace** **Dont Know** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Dont Know**  
**15. Birthplace** **Dont Know** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Maggie Owens**  
 (b) Address **1705 Park Ave**

**17. (a) Burial** (b) Date thereof **12-19-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director** **West, Appleton & Jones**  
 (b) Address **1905 Vine St**

**19. (a) 12-19-40** (b) **M. M. Corbue**  
 (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. **1705 Park Ave**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec**, day **15**, year **1940** hour **II** minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** **Dec 5, 1940 to Dec 15, 1940**  
 that I last saw him alive on **Dec 15, 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to **Chronic Interstitial Nephritis** **4 months**

Due to **131**

Other conditions **Arteriosclerosis** **1 yr**  
 (Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy **none**

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

**23. Signature** **D. M. Miller** (M. D. or other) \_\_\_\_\_  
 Address **1605 E. 18th St.** Date signed **12-18-40**

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

**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

*Kansas City, 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.**