

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **40956**

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. **4634**

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: **4619 Gladstone**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **1 year 2 months /** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City** **048**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4619 Gladstone** **3**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Belle Grimes Wells**
 3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XX**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **John S. Wells** 6. (c) Age of husband or wife if alive **XX** years **21** **1862**
 7. Birth date of deceased **January** **21** **1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **22** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
 12. Name **Richard Gorman**
 13. Birthplace **Ky** (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Brewer**
 15. Birthplace **Ky** (City, town, or county) (State or foreign country)

16. (a) Informant **Nella Grimes**
 (b) Address **4619 Gladstone**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-14-41** (Month) (Day) (Year)
 (c) Place: burial or cremation **Harper, Kansas**

18. (a) Signature of funeral director **J. W. Wagner**
 (b) Address **Kansas City, Mo.**

19. (a) **Dec 13 1941** (Date received local registrar) (b) **Dr. D. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **13,** year **1941** hour **2:** minute **40** A.M.

21. I hereby certify that I attended the deceased from **11-15-41** to **12-13-41**
 that I last saw him alive on **Dec 10** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Degeneration**
 Due to **Arterio Sclerosis**
Benign
 Due to _____

Other conditions **938**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy **no**

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 **Dr. D. Crowe** (M. D. or other)
 Address **North Hanson St** Date signed **12/13/41**

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

48
30

Persons by
NO- 4312

Lat afternoon

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.....

Licensed Embalmer No.....

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, fact should be so stated above.