

No. 2
4-13-40
5-17-39
PI X23.5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41231

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4912

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-20-41-5 1/2 hrs.
(Specify whether

In this community 57 years
years, months or days)

3. (a) PRINT FULL NAME SONNY BELL

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 7 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER {

12. Name Deceased

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

14. Maiden name Deceased

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan. 9, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Wagon Creek Burial Place

18. (a) Signature of funeral director Mattie M. Shattuck

(b) Address 1520 N. 5th St.

19. (a) 1/31/42
(Date received local registrar)

(b) M. M. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 609 Harrison
(If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1941 hour 5:30 minute 50 P. M.

21. I hereby certify that I attended the deceased from 12-20-41
3:00 p.m., 1941, to 8:50 p.m., 1941;
that I last saw him alive on December 20, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Broncho
Pneumonia

Due to Generalized senility

Due to _____

Other conditions Extensive decubitus
(Include pregnancy within 3 months of death) ulcers

Major findings:
Of operations _____

Of autopsy 109

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) Means of injury _____

23. Signature [Signature] (M. D. or other) 0

Address Gen. Hosp. #2-600 E. 22 Date signed 12-22-41

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.

Signature

Nathan D. Matheis

Licensed Embalmer No. *9780*

P. O. Address

1570 N. 5th 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.