

Registration District No. **192.99**

Primary Registration District No. **1002**

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) **40 mi.**  
(d) Length of stay: In hospital or institution **2-26-42 1 hr.**  
(Specify whether years, months or days) **12 years**

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. **2433 Highland**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **D**

3. (a) PRINT FULL NAME **LOUISE SMITH BELL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Troy Bell** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **July 23 1913**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>28</b>	<b>7</b>	<b>3</b>	hr. min.

9. Birthplace **Fort Smith / Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER {

12. Name **Will Coleman**

13. Birthplace **Fort Smith / Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Green**

15. Birthplace **Foreman / Oklahoma**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **removal** (b) Date thereof **3/1/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Smith, Ark.**

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

(b) Address **1729 Lydia St. Mo.**

19. (a) **3/28/42** (b) **M. M. Crowe**  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26**  
year **1942** hour **12** minute **40** p.m.

21. I hereby certify that I attended the deceased from **2-26-42**  
**11:00 a.m. xx** to **12:40 p.m. xx**

that I last saw him **alive on** 19 **19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured ectopic Pregnancy**

Due to **142 B**

Due to

Other conditions **142 B**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **Same as above**

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)

Address **Chas. F. [Signature], H.S. 600 E. 22** Date signed **3-27-42**

**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 J. Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**