

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

FILED MAR 9 1943
Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 502

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City, Mo
(c) Name of hospital or institution: San H. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 min.
In this community 10 years
(Specify whether years, months or days)

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. 1021 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROSIE LEE BELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 29, 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Pleasanton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Homegirl

11. Industry or business _____

MOTHER { 12. Name D. Bell

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

14. Maiden name Arneeta Graham

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

16. (a) Informant B. L. Graham

(b) Address 2208 Vine St. 3-19-42

17. (a) Burial (b) Date thereof 3-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge, Kansas

18. (a) Signature of funeral director Graham Bros. Undertakers

(b) Address 2208 Vine St.

19. (a) 2-5-42 (b) M. M. Craine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 2-3-42
year _____ hour _____ minute _____ M.

21. I hereby certify that cause the deceased from 2:50 P.
that last cause alive on _____, 19____, to _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Diabetic mellitus & possible

Due to diabetic acidosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? do not know
(City or town) (County) (State)

(d) Did it 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 W. C. Miller (M. D. or other) _____

Address K. C. Mo. Date signed _____

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 *B L Graham*

Licensed Embalmer No. *2540*

P. O. Address *2208 Vine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of

State File No. _____

County of

Mo Jackson ss

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. *502*

On this *18th* day of *March* 194*2* before me appears _____

for *B I Graham*, who, upon *his* oath, states that the original record of ~~birth~~ death

for *Rosie Lee Bell* died *Feb 3* *1942*, the State of

Missouri, and which was filed at *Mo* on *2-5*, 19*42*, should be corrected as follows:

Item No. *17 C* should read *Blue Ridge;*

Instead of *Mound City, Kansas*

Item No. *17 B* should read *May 19, 1942*

Instead of *Feb. 8, 1942*

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

B I Graham Undertaker

Relationship.

2208 Vine st
Present Address.

Subscribed and sworn to before me this *18* day of *March*, 194*2*

My Commission Expires Jan. 15, 1946

Rose E. Markel Notary Public.

My Commission expires _____

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-5205