

7989 13229
State File No.
Registrar's No. 1687

FILED MAY 12 1942
Registration District No. 399

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
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 4-20-42-4-21-42
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1613 Troost
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOE BELL
(b) If veteran, name war None
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 21
year 1942 hour 9 minute 48 P.M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased May 1 1890

21. I hereby certify that I attended the deceased from April 20 1942 to April 21 1942
that I last saw him alive on April 21 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 11 Days 20
If less than one day: hr. min.

Immediate cause of death Massive Gastric Hemorrhage
Due to Peptic Ulcer

9. Birthplace Lexington Missouri
10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death)
Due to 1170²
PHYSICIAN

11. Industry or business
12. Name Jim Bell
13. Birthplace Unknown
14. Maiden name Adeline
15. Birthplace Unknown

Major findings: Of operations
Of autopsy Same as above
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Rural (b) Date thereof May 1942
(c) Place: burial or cremation Leeds
18. (a) Signature of funeral director Starkins Bros
(b) Address 1729 Lydia
19. (a) 4-30-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature [Signature] (D. O. [Signature])
Address Gen. Hospital-600 Date signed 4-24-42

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.