

FILED JAN 21 1943 149
Registration District No.

Primary Registration District No. 1002

Registrar's No. 82

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:
3434 Campbell Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 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. 3434 Campbell Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Miss Annie Lente Bell
(b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 7th
year 1943 hour 10 minute A. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ----- years

21. I hereby certify that I attended the deceased from ----- to -----, 1943;
that I last saw h. Deputy Coroner, 1943;
and that death occurred on the date and hour stated above.

7. Birth date of deceased January 18 1887
(Month) (Day) (Year)
8. AGE: Years 55 Months 11 Days 20 If less than one day 19 hr. min.

Immediate cause of death Hemorrhage into stomach from esophageal varix
Due to Cirrhosis of liver
Other conditions 124B'
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations -----
Of autopsy See Above

10. Usual occupation At Home
11. Industry or business -----
12. Name Church Bell
13. Birthplace Beaufort North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jones
15. Birthplace Beaufort North Carolina
(City, town, or county) (State or foreign country)

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? -----

16. (a) Informant J. Hugh L. Bell
(b) Address 341 341 Church Bell St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943
(Month) (Day) (Year)
(c) Place: burial of Forest Hill Cemetery
18. (a) Signature of funeral director W. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1-8-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature W. E. Upsher M. D. (M. D. or other)
Address 232 Mc Coy Date signed 1/7/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Elmer Thomas*.....

Licensed Embalmer No. *2640*.....

P. O. Address *Kansas City Mo*.....

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.