DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1223

State File No. 2

FILED FEB 28 1944

Registration District No. 8

Primary Registration District No.

Registrar's No.

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 MINUTES (Specify whether years, months or days)

In this community 3 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. 3517 Main Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Preston Clare Bell

3. (b) If veteran, name war NO

3. (c) Social Security No. 513-16-6052

4. Sex Male

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

7. Birth date of deceased September (Month) 3 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	3	29	hr. min.

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

10. Usual occupation Chemist - Inspection Division

11. Industry or business Pratt & Whitney Engine Plant # Car & Street Car Collision

12. Name Bert C. Bell

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

14. Maiden name Ethel Humphrey

15. Birthplace El Creek (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant Miss Anna R. Bell

(b) Address Apt. #608 - 300 West Armour Blvd

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburgh, Kansas

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Jan 2 1943 (Date received local registrar) (b) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour 11 minute 45A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemopericardium

Due to Fracture of Sternum

Due to Auto Trauma

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

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) Accident

(b) Date of occurrence Jan. 1 - 1944

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 23 Mt Coy Date signed 1/2/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.