

FILED MAR 6 1944

Registration District No. _____ Primary Registration District No. 1602

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day.
(Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4905 East 31st Street.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Margaret E. BELL.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William H. Bell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 17th, 1885.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace Mt. Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name William White

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scanlon

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret E. Bell (Daughter)

(b) Address 4905 East 31st Street

17. (a) Burial (b) Date thereof 2/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetary Mellody-McGilley

18. (a) Signature of funeral director _____

(b) Address K. C. Mo.

19. (a) 2-19-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1944 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhagic Gastritis
Ingestion of SyE

Due to _____

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

Major findings: 163.7

Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 2-15-44

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

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

While at work No (Specify type of place) _____

(c) Means of injury Poison

23. Signature A. E. Upsher (M. D. or other) _____
Address 22 N. 1st Date 2/17/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 31 1945

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. *2999*
KC

P. O. Address.....

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.