S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9670

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1262

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: Children's Mercy Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes (Specify whether

In this community 10 Minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Lexington, Mo 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1124 Franklin St. 2 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME William Garland Bell

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 Mar (Month) 10 (Day) 1944 (Year)

8. AGE: Years 0 Months Days 10 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Mo O (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Wm Henry Bell
13. Birthplace Lexington (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Maidena Garvin
15. Birthplace Camden (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Wm Henry Bell

(b) Address Lexington Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 10, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Tempel Funeral Home

(b) Address Lexington Mo

19. (a) 3-21-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1944 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 20 1944, to March 20 1944 that I last saw him alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem

Due to Coarctation of aorta Dilatation & hypertrophy of left heart

Due to Interventricular septum defect

Other conditions (Include pregnancy within 3 months of death) Patent foramen ovale

Major findings: Of operations Atelectasis

Of autopsy Bronchopneumonia

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Gaskin M.D. (M. D. or other)

Address Mercy Hosp Date signed 1944

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1944

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.