

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 9 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23589

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3076

**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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-18-44-7-25-44  
(Specify whether  
In this community Unknown -  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 38  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3435 E. 19th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME EMANUEL BELL  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 495-05-1296

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month July day 25  
year 1944 hour 1:25 minute P. M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada Bell  
6. (c) Age of husband or wife if alive unr years  
7. Birth date of deceased September 18 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18  
1944, to July 25, 1944;  
that I last saw him in live on July 25, 1944;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hypostatic Broncho pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>7</u>	hr. min.

Due to Cerebrovascular Accident  
Due to Essential Hypertension

9. Birthplace Mexico No. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Unemployed

Other conditions (include pregnancy within 3 months of death)  
Major findings: 83a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Warren Bell  
13. Birthplace Mexico No. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret  
15. Birthplace Mexico No. 0  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

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? no

17. (a) Burial (b) Date thereof July 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln Cemetery, K. C.  
18. (a) Signature of funeral director F. J. Meier  
(b) Address 1708 E. 18th St  
19. (a) 7-26-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature [Signature] (M.D. or other)  
Address Gen. Hosp #2 6006 E. 22nd Date signed 7/26/44

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

MOTHER FATHER

DEC 19 1949

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 Fannie D. Meek

Licensed Embalmer No. 3818

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.**