

U.S. No. 2  
FORM-543  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12013

FILED MAY 15 1945

1961

Registration District No. 109

Primary Registration District No. 1002

Registrar's No. 1961

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:  
1236 BROADWAY /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 33 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1236 BROADWAY 3  
(If rural, give location) 8

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

3. (a) PRINT FULL NAME MRS. OLIVIA T. KELLY BELL

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3<sup>RD</sup>  
year 1945 hour 1 minute 20 P. M.

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

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. JOHN T. BELL

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY-16-1879  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

8. AGE: Years Months Days If less than one day

65 11 17 hr. \_\_\_\_\_ min.

9. Birthplace NEVADA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN KELLY

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

14. Maiden name UNKNOWN

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

16. (a) Informant John T. Bell

(b) Address 1236 Broadway K.C. Mo

17. (a) BURIAL (b) Date thereof MAY-5-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WINDSOR MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 5-4-45 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No History Inspection

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Heun Walker 3 (M. D. or other) Corin  
Address 1424 1/2 Wm Blvd Date signed 5-3-45

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

38

**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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address Kemo

**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.**