

Registration District No. **149** Primary Registration District No. **1002**

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

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-9-46 - 4-12-46
(Specify whether years, months or days) 62 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. 2701 Peery Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ernest B. BEDELL
 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 married
 6. (b) Name of husband or wife Katherine B. Bedell 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased February 17 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Fireman
 11. Industry or business Kansas City Fire Dept.

MOTHER { 12. Name Mark Bedell
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte O. Byrne
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Bedell
 (b) Address 2701 Peery, K. C., Mo.

17. (a) Burial (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 E. Linwood Blvd., K.C., Mo.

19. (a) 4-13-46 (b) Straldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 12
 year 1946 hour 5 minute 10 p.M.
 21. I hereby certify that I attended the deceased from 4/11/46 to 4/12/46
 that I last saw him alive on 4/11/46
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Smility
 Duration 30 min.

Due to _____
 Other conditions (include pregnancy within 3 months of death) 94a
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Signature William T. Keith (M. D. or other) MD.
 Address Peery Street Bldg Date signed 4/15/46

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? _____

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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

P. O. Address.....

KC

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.