

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16677

FILED MAY 27 1946

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

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2166

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 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month 11 days  
(Specify whether years, months or days)

In this community 60 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1401 Vine 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edith Hawkins

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased December  
(Month) (Day) (Year)

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

About 70

hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

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

12. Name Wesley Bell

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

14. Maiden name Kittie Joiner

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 5-14-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 5-14-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1946 hour 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from April 22, 1946 to May 11, 1946; that I last saw her alive on May 11, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchial Pneumonia

Due to Hypertensive Heart Disease

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

Other conditions Pleural Effusion; Latent Syphilis  
(Include pregnancy within 8 months of death)

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

Of autopsy 30g

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 0

23. Signature Edith Bell (M. D. or other) M.D.  
Address General Hospital No. 2 Date signed 5/14/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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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 A. T. Moore  
Licensed Embalmer No. 948  
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.**