S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23491

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3176

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K C (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 558 Main 1 (If not in hospital or institution, write street number or location)

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

In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K C (If outside city or town limits, write "RURAL")

(d) Street No. 558 Main 3 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME FRED BELL

3. (b) If veteran, name war no

3. (c) Social Security No. 498-05-3474

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

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

8. AGE:	Years	Months	Days	If less than one day
app	60			..... hr. ..... min.

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

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Coroner's office

(b) Address K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/22/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary KC K.

18. (a) Signature of funeral director Sebbelos

(b) Address City

19. (a) 7-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 7 day 20 year 1946 hour 11 40 minute a M.

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

	Duration
Immediate cause of death Coronary schemia	
Due to Cuban schemia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations .....

Of autopsy no
Hurley & 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury ?

23. Signature [signature] (M. D. ~~or other~~) Coroner

Address 1424 [illegible] Date signed 7-22-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.