

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 971
Registrar's No. 237

FILED JAN 27 1947

Registration District No. _____ 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:
Aboard Train--Union Station 3
(If not in hospital or institution, write street number or location)

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

In this community non resident
years, months or days

3. (a) PRINT FULL NAME EDWARD MARTIN 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 Dency Bedell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 10 1887 1877
(Month) (Day) (Year)

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

59 60 1 7 hr. _____ min.

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

10. Usual occupation Retired Engineer

11. Industry or business Santa Fe Railroad

12. Name Mahlon Bedell

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

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dency Bedell

(b) Address Independence Mo

17. (a) Burial (b) Date thereof Jan 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chanute Kansas

18. (a) Signature of funeral director Derek E. Robin

(b) Address 20 West Linwood

19. (a) 1-18-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Montgomery

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

(d) Street No. 307 North 2nd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day Jan
year 1947 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to status return

Due to _____

Other conditions: 95C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy History & Inspection

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 3

23. Signature James M. Kelley (M. D. or other) Coron

Address 1424 1/2 W 4th Date signed 1-18-47

APR 16 1947

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.....

John J. Conroy
Licensed Embalmer No. *4424*

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.