

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

FILED FEB 5 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 321

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days  
(Specify whether years, months or days)

In this community as above

3. (a) PRINT FULL NAME Mamie Bell

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September 26 1863  
(Month) (Day) (Year)

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

83 3 23 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Henry Hoefer

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

14. Maiden name unknown

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

16. (a) Informant Goodman & Boller,

(b) Address Boonville, Missouri

17. (a) removal (b) Date thereof 1-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-23-47 (b) M. D. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 300 Benton  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19  
year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 20 1946 to Jan. 19 1947  
that I last saw h. er. alive on Jan. 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility-Senile changes

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

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

Other conditions (Include pregnancy within 3 months of death) 1028

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

Of autopsy None

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) (c) Means of injury \_\_\_\_\_

23. Signature W. W. Hart (M. D. or other) 1-20-47  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*R. A. Key*

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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 *Robert H. Reed*

Licensed Embalmer No. *3745-*

P. O. Address *Kansas City Mo.*

**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.**