

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

**FILED JUN 23 1947**

Registration District No. **199**

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 **6 days**  
(Specify whether years, months or days)

In this community **65 years**

**3. (a) PRINT FULL NAME** **Mrs. Katherine B. BEDELL**

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

**3. (c) Social Security No.** **none**

**4. Sex** **F** **5. Color or race** **W**

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

**6. (b) Name of husband or wife** **Ernest Bedell**

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

**7. Birth date of deceased** **November 10, 1876**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
70	7	3	hr. min.

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

**10. Usual occupation** **Housewife**  
**At home**

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

**12. Name** **Martin Delaugherty**

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

**14. Maiden name** **Bridget Morrissey**

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

**16. (a) Informant** **Mr. Clarence Bedell**

**(b) Address** **5035 Troost, K. C., Mo.**

**17. (a) Burial** **Calvary Cemetery**  
(Burial, cremation, or removal)

**(b) Date thereof** **6-16-47**  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** **Melody-McGilley-Eyler**

**(b) Address** **Kansas City, Missouri**

**19. (a) 6-14-47** **(b) Geraldine Holmen**  
(Date received local registrar) (Registrar's signature)

**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**  
(If rural, give location)

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

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **13**  
year **1947** hour **7** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from** **6-8**, 19**47** to **6-13**, 19**47**  
that I last saw him alive on **6-13**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Thrombosis of femoral-basilar artery**  
**acute fibrillation yr**

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

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

Other conditions: **acute myocardial infarction**  
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations: **none**

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? \_\_\_\_\_

**23. Signature** **Henry H. James** (M. D. or other) **o**  
Address **Lawrenceville, Mo.** Date signed **6-14-47**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Dr. Harry K. Jones  
Bryant Bldg.  
1154  
Columbus Ave. Prof. Bldg.

**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 Allen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. E. Neo

**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.**