

38004

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 15 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5051

## 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 #2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year 79 days  
 (Specify whether years, months or days) 22 years

## 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. 1522 Brooklyn Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT  
FULL NAMEARTHUR T. BELL

## 3. (b) If veteran,

name was None

## 3. (c) Social Security

No. 496-09-98034. Sex MALE

## 5. Color or

race NEGRO

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

divorced. MARRIED6. (b) Name of husband or wife JANIE

## 6. (c) Age of husband or wife if

alive 53 years

## 7. Birth date of deceased

AUGUST221885

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

6234

hr. min.

## 9. Birthplace

Roland

(City, town, or county)

OKLAHOMA

(State or foreign country)

## 10. Usual occupation

LABORER

## 11. Industry or business

MOTHER FATHER

## 12. Name

THOMAS BELL

## 13. Birthplace

(City, town, or county)

OKLAHOMA

(State or foreign country)

## 14. Maiden name

HORTENSE STARK

## 15. Birthplace

(City, town, or county)

(State or foreign country)

## 16. (a) Informant

SON: WILLIAM BELL

## (b) Address

1329 East 13th Street

## 17. (a)

Burial

(Burial, cremation, or removal)

## (b) Date thereof

12-2-47

(Month) (Day) (Year)

## (c) Place: burial or cremation

Linslow New

## 18. (a) Signature of funeral director

E. Stucky Bell

## (b) Address

1212 N. W. K. D. Mo.

## 19. (a)

12-2-47

(Date received local registrar)

## (b) Signature

M. D. H. H. H.

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 26th  
 year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from September  
4th 1946 to November 26th 1947  
 that I last saw him alive on November 26th 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death.

TERMINAL BRONCHO PNEUMONIADue to CEREBRAL VASCULAR ACCIDENTDue to ARTERIOSCLEROTIC TYPE OF HEART  
DISEASE WITH HYPERTENSIONOther conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 932

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 injury) \_\_\_\_\_

23. Signature [Signature] (M. D. or other)Address 600 East 22nd Street Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bell  
Licensed Embalmer No. 3178  
P. O. Address 1212 VINE K.C.

**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.**