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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12420
Registrar's No. 1934

Registration District No. 149 Primary Registration District No. 1002

48
83
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: Vinyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 9 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3239 Seneca
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Hannah S. Bell
3. (b) If veteran, name war ***** no 3. (c) Social Security No. ***** none
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife William S. Bell 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased November 16, 1875/1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5 year 1948 hour 9:15 minute 9 M.
21. I hereby certify that I attended the deceased from April 25, 1948 to May 5, 1948
that last saw her alive on May 4, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 19 If less than one day hr. min.

Immediate cause of death Cerebral Thrombosis Duration 2 days
Due to Cerebral Thrombosis 19 days

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to arteriosclerosis
Other conditions Carcinoma of Colon
(Include pregnancy within 3 months of death) arteriosclerosis

11. Industry or business _____
12. Name John Spencer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Krueger
15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings: Of operations No operation Of autopsy 4/4
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Hall
(b) Address 1221 Benton Blvd.
Removal (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation St. Joseph, Mo.
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-20 Brooklyn K.C.Mo.
19. (a) 5-5-48 (b) M. D. Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 0
23. Signature J. G. Sheldon (M. D. or other) 0
Address 322 Walnut Date signed 5-6-48

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

JOE B. Yoder
4173

Licensed Embalmer No.

P. O. Address

918 Brooklyn
K.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1931

On this 12th day of May, 1948, before me appears.....

Mrs Emma Hall, who, upon her oath, states that the original record of ^{birth} death
for Hannah S Bell ^{died} May 5, 1948, in the State of
^{born} Missouri, and which was filed at Kansas City on May 5th, 1948, should be corrected as follows:

Item No. 7 should read Nov 16, 1874

Instead of Nov 16, 1875

Item No. 8 should read 73 - 5 - 19

Instead of 72 - 5 - 19

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Emma Hallister
Relationship.

1221 Benton Blvd Kansas City,
Present Address. Mo.

Subscribed and sworn to before me this 12th day of May, 1948.

My Commission Expires Oct. 18, 1950

Aloise Bowman Notary Public.

My Commission expires.....

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-12420