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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12421

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1795

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 NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community 60 YRS.
years, months or days)

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. 1624 W. 9TH STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH BELL

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased DECEMBER (Month) 18, (Day) 1872 (Year)

8. AGE: Years 75 Months 4 Days 0 If less than one day hr. min.

9. Birthplace PLATTE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JOSEPH BELL
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ENGLISH
15. Birthplace PLATTE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GLADYS BROADWELL (NIECE)
(b) Address 718 NEW JERSEY-KANSAS CITY, KAS.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cmetery K.C. Kans.

18. (a) Signature of funeral director [signature]
(b) Address 1520 N.5th Street

19. (a) 4-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18, year 1948 hour 2: minute 00 A. M.

21. I hereby certify that I attended the deceased from APRIL 13, 1948 to APRIL 18, 1948; that I last saw h IM alive on APRIL 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death 1. GENERALIZED ARTERIO-SCLEROSIS
2. HYPERTROPHY AND DILITATION OF HEART
3. ACUTE AND CHRONIC PULMONARY CONGESTION AND EDEMA
4. HYDROTHORAX (RT.)
5. CHRONIC CHOLECYSTITIS WITH LITHIASIS
6. NEPHROSCLEROSIS

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy SAME AS ABOVE

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 4/20/48

(Licensed Embalmer's Statement on Reverse Side)

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 Nathan H. Hatten

Licensed Embalmer No. 2708

P. O. Address K. C. K.

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.