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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112433
1896
Registrar's No. 1002

Primary Registration District No. 1002

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 3 days
In this community 32 years
(Specify whether 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. 1615 Campbell Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ARTHUR BELL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased AUGUST 19 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 6 If less than one day
hr. min.

9. Birthplace WASHINGTON D.C.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name JOHN BELL

13. Birthplace MONTGOMERY COUNTY MARYLAND
(City, town, or county) (State or foreign country)

14. Maiden name ANNIE

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

16. (a) Informant self (deceased)
(b) Address _____

17. (a) Removal (b) Date thereof 2 4 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. School of Embalming

18. (a) Signature of funeral director H.B. Mook
(b) Address 1820 E 18 st

19. (a) 5-348 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25
year 1948 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from April 22
1948 to April 25 1948

that I last saw him alive on April 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE
Duration _____

Due to HYPERTENSIVE HEART DISEASE

Due to _____

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

Major findings: Of operations 93 D

Of autopsy _____

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)
(e) Means of injury MO

23. Signature Drunk (M.D. or other) MO
Address Blvd. Hoop #2 Date signed _____

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

48
3
8

47
3
6

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.....

H. B. Moore

Licensed Embalmer No.....

2410

P.O. Address.....

1820 E 18th St.

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.