

10-47
-17-39
PI 3906

FILED DEC 11 1948
Registration District No. 749

Primary Registration District No. 1002

State File No.

Registrar's No. 4813

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. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS
(Specify whether
In this community 67 YEARS
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. 3434 CAMPBELL STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3: (a) PRINT FULL NAME MISS FANNIE M. BELL
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

20. DATE OF DEATH: Month NOVEMBER day 23rd
year 1948 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from
8-14, 1948, to 11-23, 1948
that I last saw h. w. alive on 11-22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration 2 mos.
Diffuse Carcinomatosis 2 mos.
Due to Carcinoma of Ovary 4 mos.

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 190
Of operations
Of autopsy C. of Ovary & Metastasis
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?

P. L. Byers (Specify type of place)
While at work? (e) Means of injury U
Signature P. L. Byers (M. D. or other) M. D.
Address 315 Adams Rd. R.C. Mo. Date signed 11-23-48

5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

4. Sex FEMALE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH 24 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 29 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER
12. Name CHURCH BELL
13. Birthplace No. CAROLINA
(City, town, or county) (State or foreign country)

14. Maiden name SARAH JONES

15. Birthplace No. CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant HUGH L. BELL

(b) Address 3434 CAMPBELL STREET

17. (c) BURIAL (b) Date thereof NOV. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILLS CEM

18. (c) Signature of funeral director W. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-26-48 (b) Derald Holmes
(Date received local registrar) (Registrar's signature)

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

m-m & box

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 *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.