

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15737

1872

48 38

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |   |
| c. LENGTH OF STAY (in this place)<br><b>30 years</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>904 E. 17th Street</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>904 E. 17th Street</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>904 E. 17th Street</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Maggie Bedford Bell</b>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 23, 1949</b>   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Oct. 17, 1894</b>                                |
| 9. AGE (In years last birthday)<br><b>54</b>   | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>8</b>   | IF UNDER 2 HRS.<br>Hours <b>7</b> Min. <b>16</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b>  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><b>Pottsville, Mississippi</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                           |
| 13a. FATHER'S NAME<br><b>Green Bolden</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Amie Green</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Anderson Bell</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>no</b>   | 16. SOCIAL SECURITY NO.<br><b>X</b>  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Emma Williams</b> ADDRESS<br><b>1717 Campbell, K.C.</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatitis, pneumonia</b><br>ANECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma stomach</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>151X</b> |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>Feb. 5, 1949</b> , to <b>April 23, 1949</b> , that I last saw the deceased alive on <b>April 23, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <b>E. F. Walls</b> (Degree or title)  |  | 23b. ADDRESS<br><b>1118 E. 12 St</b>  | 23c. DATE SIGNED<br><b>4/29-49</b>                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>April 30, 1949</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City Mo.</b> |
| DATE REC'D BY LOCAL REG.<br><b>4-29-49</b>   | REGISTRAR'S SIGNATURE<br><b>Sheraldine Holmes</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Fannie C. Meek</b> ADDRESS<br><b>1708 E 18th, N.C.M.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Maynard C. Williams*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4653

P. O. Address H. 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.