

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

5231  
 Do not use this space.

REC'D MAR 9 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 1  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 430  
 or City Kansas City, Mo.  
 (c) City Kansas City, Mo. (d) Street No. Children's Mercy Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. Bates City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates City, Mo.

FATHER 13. NAME Frank Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxwater, Mo.

MOTHER 15. MAIDEN NAME Ruth Horne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Serrat, Mo.

17. INFORMANT (ADDRESS) Father - Frank Bell  
Bates City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bates City, Mo. DATE Feb 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Webb  
Oak Grove

20. FILED 271 1939 M. M. Browne  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939 to Feb. 1, 1939

I last saw h. alive on Feb. 1, 1939. Death is said to have occurred on the date stated above, at 6:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Bruscularly  
1939  
 Date of onset

Other contributory causes of importance:  
Arteriosclerosis  
hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, ~~suicide~~, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) M. B. Sedwicz, M. D.  
360 (Address) 5017 W. 94th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**