

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4843

1. PLACE OF DEATH:

(a) County Jackson,
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1910 Norton,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 (Specify whether
 In this community Unknown,
 years, months or days) 1/5

3. (a) PRINT FULL NAME Mrs. Jane Elizabeth Graham Bell,8. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.6. (b) Name of husband or wife James A. Bell, 6. (c) Age of husband or wife if alive X years7. Birth date of deceased May 9, 1864,
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 4 13 hr. min.9. Birthplace Missouri,
(City, town, or county) (State or foreign country)10. Usual occupation at home,11. Industry or business X12. Name Alexander Graham,13. Birthplace Glasgow, Scotland,
(City, town, or county) (State or foreign country)14. Maiden name Jean Marshall,15. Birthplace Glasgow, Scotland,
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Otto A. Bell,(b) Address 1910 Norton, Kansas City, Mo.17. (a) Removal, (b) Date thereof 12-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Tuscumbia, Mo.18. (a) Signature of funeral director Stine & McClure,(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) Dec 24, 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1910 Norton,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 23rd,
year 1939, hour 5:04 minute P. M.21. I hereby certify that I attended the deceased from
12/20/39, 19, to 12/22/39, 19;
that I last saw her alive on 12/22/39, 19;
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic pneumonia! DurationDue to congestive heart failureDue to arteriosclerotic heart diseaseOther conditions 9/5/39
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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?

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

23. Signature [Signature] (M. D. or other)Address 1216 Prospect St. Date signed 12/23/39

JAN 13 1940

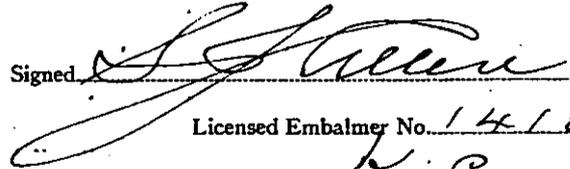
Dr. Sharkey Wolfe.

11 30 C 1978 B. & W. S.

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. 1415

P. O. Address P. C. M.

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.