

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4881

JAN 12 1940

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 days  
(Specify whether  
 In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME

Mollie M. Partin Bell

3. (c) Social Security

No. None

3. (b) If veteran, name war None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
 6. (b) Name of husband or wife Mr. Nelson B. Bell 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased July 29 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Mirabile Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

12. Name Henry Partin

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Liza Davis

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

16. (a) Informant's own signature Nelson Raymond Bell  
 (b) Address 2953 So Cinn Tulsa Okla.

17. (a) Removal (b) Date thereof Dec. 28, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem Hamilton, Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 27, 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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. 3913 Scarritt  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th  
 year 1939 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-26-39  
 \_\_\_\_\_, 19\_\_\_\_, to 12-25-39, 19\_\_\_\_;  
 that I last saw h. er alive on 12-25-39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of humerus, accidental fall  
 Due to 1860  
 Due to \_\_\_\_\_

Other conditions Hypostatic bronchopneumonia & chronic nephritis

Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

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 D. W. Newcomer M.D. (M. D. or other)  
 Address Supt. K.C. Gen. Hospital, K.C. Mo. 12-26-39

Duration 11-26-39  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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.

**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

*R. P. Newcomer*

Licensed Embalmer No. *10431*

P. O. Address *R. P. Newcomer*

**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.**