

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13448
1429

State File No. _____
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2422 Elmwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 28 Years
years, months or days)

3. (a) PRINT FULL NAME Effie Belle Bear
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emmett Jacob Bear
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 3, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Henry Taylor Anderson
13. Birthplace _____
(City, town, or county) (State or foreign country) Missouri
14. Maiden name Elizabeth Fox
15. Birthplace _____
(City, town, or county) (State or foreign country) Missouri

16. (a) Informant Emmett J. Bear
(b) Address 2422 Elmwood

17. (a) Burial (b) Date thereof April 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn, Independence Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K. C. Mo.

19. (a) Apr 10 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 78
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No 2422 Elmwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1941 hour 12 minute 40 AM.

21. I hereby certify that I attended the deceased from Mar 3 1941 to Apr 9 1941
that I last saw her alive on Apr 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Exposure to drafts in back chamber
Due to Senile degeneration
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: No operation
Of operations _____
Of autopsy No autopsy

Duration _____
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 work)
(c) Means of injury _____
23. Signature Edw. H. Mage (M. D. or other) _____
Address 1121 Grand Date signed 4/10/41

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

Dr. S. Schmidtberger
301 Rieger Building

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Clair Shippard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.