

Registration District No. 85

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
(Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 Prospect
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th.
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 7th 1941
1941 to June 9th 1941;
that I last saw her alive on June 9th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Poisoning

Due to Diabetic Acidosis

Due to

Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations none
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?

45
While at work? (Specify type of place)
(e) Means of injury
23. Signature Mary I. Stidub (M. D. or other)
Address 203 Kirkpatrick City, ST. JOSEPH Date signed June 10, 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HANNA MOLLIE BELL

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Bell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 9th. 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	10	0	hr. min.

9. Birthplace unknown Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business home

12. Name Joseph Lewis

13. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Leay

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

16. (a) Informant Joseph Bell

(b) Address Chicago, Ill. 6217 S. Spaulding

17. (a) Removal (b) Date thereof June 11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) June 11, 1941 (b) M. Needlebush
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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, fact should be so stated above.