No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24066

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2605

22 1941

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KansasCity (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3227 East 10th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether

In this community 23 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3227 East 10th Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mr. Homer J. Bell

3. (b) If veteran, name war War & Spanish War American War

(c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Georgene Belll

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 16 (Month) 1876 (Day) (Year)

8. AGE: Years 65 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Evansville (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Painter

11. Industry or business ------

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Georgene Bell

(b) Address 3227 East 10th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-11-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 9 day 1941

year 1941 hour 9 minute A.M. M.

21. I hereby certify that I attended the deceased from 1-29-40 19 to 7-9 1941;

that I last saw him alive on 7-8 1941;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of tonsil	8 mo.
Due to	
Due to	
Other conditions Buergers disease (Include pregnancy within 3 months of death)	3 yrs.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ford J. Lowrey (M. D. or other) D

Address Pathway Bldg. Date signed 7-10-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 2 1941

Dr. Ford J. Law
626 Lathrop Bl
10th Grand V10984

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.