

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 10 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 12

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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 Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 209 East Alton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 209 East Alton  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country: Scotland

3. (a) PRINT FULL NAME JANE 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 2 widowed  
6. (b) Name of husband or wife Duncan Bell 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased June 5- 1854  
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Wishaw Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name Alexander Cherry  
13. Birthplace unknown - Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Macbeth  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Burns  
(b) Address 209 East Alton  
17. (a) Removal (b) Date thereof 1-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Scranton Kans

18. (a) Signature of funeral director George Cannon  
(b) Address Independence Mo.

19. (a) Jan. 6-1943 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour 9 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 6 1943; that I last saw her alive on Jan 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Left bronch  
memorized Duration 6 days

Due to Smiling Myocardial infarction

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 107

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) (b) Means of injury \_\_\_\_\_

23. Signature John W. Green (M. D. or other) \_\_\_\_\_  
Address June 6 1943 Date signed \_\_\_\_\_

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**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 Frank Kubacki  
Licensed Embalmer No. 2467  
P. O. Address Indep. 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.**