

Registration District No. 149

Primary Registration District No. 1002

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. T.B. Hosp.  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 2 mos 76 days  
(Specify whether in this community 5 months years, months or days) former clinic mo.

3. (a) PRINT FULL NAME Isabell Bellard

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Bellard 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased: 2 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 28 If less than one day hr. min.

9. Birthplace: Gardner Illinois  
(City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name William James  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Dial  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. T.B. Hosp.

(b) Address K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Elmira Mo

18. (a) Signature of funeral director Claude Bruchard  
(b) Address Elmira Mo

19. (a) 3/30/43 (Date received local registrar) (b) M. H. Brown (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. 1408 Olive  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30  
year 43 hour 4 minute 25 P.M.  
21. I hereby certify that I attended the deceased from 1-4-43  
to 3-30-43  
that I last saw her alive on 3-30-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 6 mos.

Due to 13 B1

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (d) Means of injury —  
23. Signature Matthew H. Brown M.D. or other  
Address K.C. T.B. Hosp. Date signed 3/30/43

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

AUG 18 1948

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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 Claude Richard

Licensed Embalmer No. 2751

P. O. Address. Excelsior Springs, 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.**