

S. No. 2
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R I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36200

State File No.

Registrar's No. 1270

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution:
307 Virginia St. J

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

(d) Length of stay: In hospital or institution 1 Week
(Specify whether)

In this community 1 Week
(years, months or days)

3. (a) PRINT Arminnie Ann Bell
FULL NAME

3. (b) If veteran, No name war.

3. (c) Social Security None

4. Sex Female

5. Color, or White race

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.E.

6. (c) Age of husband or wife if alive 1873 years

7. Birth date of deceased January 11 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 1

If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name A.L. Harrison Kibbe

13. Birthplace Yonkers N.Y.

14. Maiden name Theodora Nickerson

15. Birthplace N.Y.

16. (a) Informant Mrs Doyle Flint.

(b) Address 307 Virginia

17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Nov. 15, 1946 (b) Joseph Mann Registerer's signature
(Date received local registrar) (Registerer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Bethany

(d) Street No. None (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1946 hour 2 minute 05 A M.

21. I hereby certify that I attended the deceased from Nov. 8, 1946, to Nov. 12, 1946;
that I last saw her alive on Nov. 11, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death

CORONARY THROMBOSIS 5 HRS.

CHRONIC MYOCARDITIS 4 YRS.

Due to ARTERIOSCLEROSIS 8 YRS.

Due to

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: NONE

Of operations NONE

Of autopsy NONE

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) No

(b) Date of occurrence No

(c) Where did injury occur? No

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury Ni O

23. Signature Allen S. Herman (M. D. or other) M.D.

Address 403 COR. 4Y BLDG. ST. JOSEPH Date signed 12 Nov 46

(Licensed Embalmer's Statement on Reverse Side)

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..... *Robert L. Gypel*

Licensed Embalmer No. 3308

P. O. Address..... St Joseph, 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.