

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24084

FILED JUL 19 1947
Registration District No. 1002

Primary Registration District No. 1002

State File No.
Registrar's No. 2873

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St Marys Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days 43 min
(Specify whether years, months or days)

In this community 5 days 43 min

3. (a) PRINT FULL NAME Andrew Lee Bell

3. (b) If veteran, name war - no

3. (c) Social Security No. none

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased 7-2-1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-	-	5	- hr. 43 min.

9. Birthplace KC Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation new born

11. Industry or business

12. Name Roy Eugene Bell O

13. Birthplace KC Mo
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Antonette Weibel

15. Birthplace West Point Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Roy Bell

(b) Address 4041 Campbell KC Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-8-47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director James S. Huber Co.

(b) Address 20 W. Lincoln

19. (a) 7-7-47
(Date received local registrar)

(b) Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 4041 Campbell 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1947 hour 5 minute 28 a.m.

21. I hereby certify that I attended the deceased from 7-2-47 to 7-7-47, 1947,
that I last saw her alive on 7-7-47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Long labor

Due to Posterior position perineum

Other conditions Retention & feces
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1600

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 H. J. Knoch (M. D. 0)

Address 612 W. 12th Date signed 7-7-47

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.