

FILED FEB 7 1948/49
Registration District No. _____

Primary Registration District No. 1002

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

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
(Specify whether years, months or days)
In this community 49 YRS.

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. 1731 BELLEVUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BELL

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

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive, years 1895
7. Birth date of deceased JULY 8, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name WILLIAM MYLES
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name JENNIE COLEMAN
15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant KATIE PRESTON (SISTER)
(b) Address 1615 HARRISON

17. (a) Burial (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 46th

19. (a) 1-28-48 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21,
year 1948 hour 7: minute 45 P. M.

21. I hereby certify that I attended the deceased from JANUARY 17, 1948 to JANUARY 21, 1948
that I last saw h. ER. alive on JANUARY 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH RIGHT AND LEFT VENTRICULAR FAILURE
Due to ACUTE PULMONARY EDEMA WITH CONGESTION
Due to HYPERTROPHY AND DILATATION OF HEART

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

Major findings: Of operations 93-2

Of autopsy SAME AS ABOVE

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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/22/48

13 1986
ST
8761

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 HB Moore

Licensed Embalmer No. 2410

P. O. Address 1870 E 18 st

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.