No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26280

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3457

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: 3231 Prospect (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 70 years

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.: 3231 Prospect (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Mrs. Marybelle Bell Eull
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Fred O. Eull
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 15th. (Day) 1866 (Year)
8. AGE: Years 82 | Months 3 | Days 8 | If less than one day ____ hr. ____ min.
9. Birthplace: ____ (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
12. FATHER Name: Frank M. Webb
13. FATHER Birthplace: ____ (City, town, or county) Unknown (State or foreign country)
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: ____ (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Webb Eull
(b) Address: 3507 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 8-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 23 day 1948 year ____ hour ____ minute 6:15 a.m.
21. I hereby certify that I attended the deceased from Aug 1946, 19__, to Aug 23, 1948, that I last saw him alive on Aug 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	10 yrs
Due to Arteriosclerosis	10 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) no	
Major findings: Of operations no	
Of autopsy no	

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: M. O. Cornell M.D. (or other)
Address: 4000 Baltimore, Kansas City Date signed: 8/27/48

(Licensed Embalmer's Statement on Reverse Side)

3-7
Finished 10 feet to 2 [illegible]

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.