

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40414

State File No. 5262

FILED DEC 28 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5262	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 20yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 W. Linwood				e. STREET ADDRESS (If rural, give location) 47 104 W. Linwood 34150			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Delaney		c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) Nov 30, 1955	
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 24, 1895	
9. AGE (In years last birthday) 60yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY apt. House		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Annie Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-12-8838		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Bell 104 W. Linwood			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 3 1/2 months 442x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-8-1955, to 11-30-1955, that I last saw the deceased alive on 11-30-1955, and that death occurred at 7:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. A. Love M.D. (Degree or title)				23b. ADDRESS 1820-7-3rd St. N. Ft. Smith, Ark.		23c. DATE SIGNED 12-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Ft. Smith, Ark.	
DATE REC'D BY LOCAL REG. 12-5-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter B. ...			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wm. A. Love

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James A. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Street*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.