

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

13844
Do not use this space

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 10077 Registered No. 1824
 (c) City Kansas City (d) Street No. 2205 Brooklyn St.
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Arnold 654
 (a) Residence, No. 2205 Brooklyn St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gerrille T. Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>8</u>	<u>-</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun County Mo.

FATHER

13. NAME Thomas Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Luthenia Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Georgia Eason 2205 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Calycene Rd DATE 5/1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mathias Bros. 1729 Hyde

20. FILED May 1 1938 M. M. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1938 to 4/25 1938
 I last saw him alive on 4/24 1938. Death is said to have occurred on the date stated above, at 1:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia (cardiac failure)
Influenza
 Date of onset 11a

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Evans (Dr.) M. D.
 (Address) 1703 York St. W.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____

T. B. Hutchins

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

T. B. Hutchins

Licensed Embalmer No. *2889*

P. O. Address *1729 Ryden, K. O.*

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, above space should be left blank.