

REC'D AUG 22 1939

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

25784  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 398  
(b) Township..... Primary Registration District No. 3019 Registered No. 210  
(c) City or INDEPENDENCE (d) Street No. INDEPENDENCE SANITARIUM 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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MRS HATTIE VAN VLIET ARN  
(a) Residence, No. NORTH RIVER ROAD & SILVER LANE 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES N. ARN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 22 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 9 12

OCCUPATION 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) PERRYVILLE (STATE OR COUNTRY) KENTUCKY13. NAME WILLIAM, unknown14. BIRTHPLACE (CITY OR TOWN) Ken. (STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) Ken. (STATE OR COUNTRY)17. INFORMANT MISS RENE VAN VLIET (ADDRESS) NORTH RIVER ROAD & SILVER LANE18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE July 7 193919. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER & SONS (ADDRESS) KANSAS CITY, MISSOURI20. FILED July 6 1939 F. L. Cook Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 4 193922. I HEREBY CERTIFY, That I attended deceased from 6/29 1939 to 7/4 1939I last saw him alive on 7/4 1939. Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
" Myocarditis

Date of onset

Other contributory causes of importance: 131Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 Unknown (Signed) W. L. Cook M. D.360 (Address) 10307 Judyp Ave KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed F. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con  
with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**