S. No. 2
—1-4-41
5-17-39
P1 X28390

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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6320

Registration District No. 197 Primary Registration District No. 5276 A Registrar's No. 11

4
3
1

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2029 Swift (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 6 years

2. USUAL RESIDENCE OF DECEASED: 24
(a) State Missouri (b) County Clay 3
(c) City or town North Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2029 Swift 1 (If rural, give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA MARTIN ARNOLD
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Albert G. Arnold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 21, 1868 (Month) (Day) (Year)
8. AGE: Years 73 Months 11 Days 21 If less than one day hr. min.
9. Birthplace Winchester, Ill. (City, town, or county) 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name George W. Martin
13. Birthplace Wheeling, West Va. (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Cornelia M. Richmond
15. Birthplace Utica, N. Y. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Miss Doris Arnold
(b) Address 2029 Swift, North K. C. Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfield, Nebr.
18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) Mar 5-42 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1942 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb 1940 to Feb 10 1942 that I last saw her alive on Feb 10 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Neuralgia & Neuritis Cause unknown after consultation with nerve specialists	10 yrs
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury
23. Signature D P Klepinger M.D. (M. D. or other)
Address 615 Argyle Bldg KC Mo Date signed 2-11-42

1021 (Licensed Embalmer's Statement on Reverse Side)

Dr. D. P. Klepinger
Argyle, Building,
Kansas City, Mo.

JUN 19 1944
RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-42

JUN 21

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 Harold L. Posson, Registered Apprentice No. [redacted] working under my personal supervision.

Signed Harold L. Posson [redacted]

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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.