V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8971

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1186

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: Lakeside 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 Kensington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM THOMAS ARNOLD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 20, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	17	hr. min.

9. Birthplace Wakenda (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Laborer

11. Industry or business School Board

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pearl Peer

(b) Address 2638 Elmwood

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 3-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 7, 1943 to March 7, 1943
that I last saw him alive on March 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Nephritis

Due to Senility 93 E

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Richard C. Shuck (M.D. or other) DOMD

Address 1100 S 1/2 Winner Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

#8

Dr. Sheek
11088½ Wenner Rd.

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 H D Blackman

Licensed Embalmer No. 3639

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.