

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1952

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:
St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

In this community 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Arnold Chris Showalter

3. (b) If veteran, name war World War No. 1

3. (c) Social Security No. 490-03-6455

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 16 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>7</u>	hr. _____ min.

9. Birthplace Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business Southwestern Grey Hound Lines

MOTHER FATHER {

12. Name Jacob Showalter

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Frank

15. Birthplace Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna S Epp.

(b) Address Beatrice Nebraska

17. (a) Removal (b) Date thereof April 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatrice Nebraska

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 4/25/43 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
3
8

(a) State Missouri (b) County Jackson

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

(d) Street No. 4009 Garfield
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____ 19____;
Arnold
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns of lower extremities

Due to _____

Due to 181A

Other words Thermal pulmonary edema
(Include pregnancy within 3 months of death)

Major findings: See above

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) Accident 193

(b) Date of injury 3/5/43

(c) Where did injury occur? with KO mt
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
George Stach
(Specify type of place) (e) Means of injury Angiotonic

While at work? Yes

23. Signature OS Epp (Dr. P. or other) _____
Address _____ Date 4/25/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

REC 4 NOV

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 Wenzel C. Browning
Licensed Embalmer No. 2724
P. O. Address K. E. 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.