

NOV 1 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4499

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 4738 McGee Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4738 McGee
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Maggie A. Arnett

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel Arnett 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 19th 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 34 If less than one day hr. _____ min.

9. Birthplace Pilot Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Thomas McGhee

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

14. Maiden name Hannah Cole

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

16. (a) Informant Thomas W. Arnett

(b) Address 4738 McGee

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

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 10-23-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1943 hour 5 minute 30 PM M.

21. I hereby certify that I attended the deceased from Sept. 4, 1943, to Oct. 23, 1943
that I last saw ev alive on Oct 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 weeks

Due to Arterial Hypertension unknown

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?

While at work? _____ (Specify type of place)

23. Signature Kenneth C. Davis (M. D. or other) MD

Address 201 Plaza Theater Bldg Date signed 10-24-43

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

Dr Kenneth Davis
3228 Euclid Phone LI 3685

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1500 Linwood

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.