

FILED APR 6/1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1171

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 19 days  
(Specify whether years, months or days) unknown

3. (a) PRINT FULL NAME Alpha 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 Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May 27 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	15	_____ hr. _____ min.

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

10. Usual occupation Bricklayer

11. Industry or business \_\_\_\_\_

12. Name George Arnold

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

14. Maiden name Elizabeth Holt

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

16. (a) Informant Record Clerk

(b) Address 15 E. New Hosp

17. (a) Burial (b) Date thereof 3-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of janeral director Wm A. ...

(b) Address City ...

19. (a) 3-15-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 603 1/2 E. 12 St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 22 1943 to March 12 1944  
that I last saw him alive on March 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis-Carcinoma of cecum

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

23. Signature A. E. Hooper (Specify type of place) (Means of injury)  
237 M Coy (M. D. or other) 3-12-44  
Address Date signed

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

---

---

**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.....

Licensed Embalmer No.....

P.O. Address.....

**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.**