S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9652

FILED APR 6 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1280

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: 1707 East 24th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1739 Lydia (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME Ethel J. Arnold

3. (b) If veteran, name war None

3. (c) Social Security No. 497-24-9897

4. Sex Fe

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife James Arnold

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 13, 1901 (Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Hswf

11. Industry or business

FATHER
12. Name Jim Winn
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Maggie Crews
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James Arnold

(b) Address 1739 Lydia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 3-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18 year 1944 hour 5 minute P. M. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1944 to Mar 9, 1944 that I last saw her alive on Mar 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus.

Due to

Due to

Other conditions Toxemia (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

48 b

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

23. Signature L M Fillman (M. D. or other) M. D.

Address 1618 Lydia Date signed 3/20/44

(Licensed Embalmer's Statement on Reverse Side)

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. I. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.