

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31050**

FILED SEP 30 1944

Registration District No. **507**

Primary Registration District No. **5575**

Registrar's No. **57**

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: **Armour Memorial Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no. 5**
(Specify whether)

In this community **unknown**
years, months or days

3. (a) PRINT FULL NAME **Mrs. Anna B. Arnold**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Charles L. Arnold**

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **June 27 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	21	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER {

12. Name **George Brannock**

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

14. Maiden name **Mary E. Burns**

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

16. (a) Informant **Armour Home Records**

(b) Address **81st and Wornall Rd., K. C., Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **9- -44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9/22/44**
(Date received local registrar)

[Signature]
(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. **Armour Memorial Home**
(If rural, give location)

(e) Citizen of foreign country **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **18th**
year **1944** hour **4:30** minute **P.**

21. I hereby certify that I attended the deceased from **March**, 19**42**, to **Sept 18**, 19**44**
that I last saw h **alive** on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute heart dilatation**

Due to **Myocarditis chronic**

Other conditions **93d**
(Include pregnancy within 3 months of death)

Major findings: 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)

(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 **[Signature]** (M. D. owner)
Address **636 Argyle Rd** Date signed **9/29/44**

Dr. Annie G. Hedges (Licensed Embalmer's Statement on Reverse Side) **1152**

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

Contract
Receipt

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.