

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 303

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:
2605 - EAST - 12TH STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 35 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. 2605 - EAST - 12TH STREET
(If rural, give location)
 (e) Citizen of foreign country? YES (Yes or No)
 If yes, name country SWITZERLAND

3. (a) PRINT FULL NAME MR. WALTER JULIUS ARN
 (b) If veteran, name war NO
 (c) Social Security No. 495-05-1875

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN. day 18TH
 year 1945 hour 9 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 10-9-1944
 _____, 19____, to JAN 18, 1945
 that I last saw him alive on Jan 18
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife MRS. EDNA ARN
 (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased JUNE - 30 - 1875
(Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of rectum and inguinal glands
 Duration unknown

8. AGE: Years Months Days If less than one day
69 6 18 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Hemorrhages 46
(Include pregnancy within 3 months of death) 3 Weeks

9. Birthplace BERNE 5 SWITZERLAND
(City, town, or county) (State or foreign country)
 10. Usual occupation CEMENT FOREMAN

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business JONES-HEITLESATER CON. Co.
 MOTHER FATHER { 12. Name UNKNOWN ARN
 13. Birthplace 9 UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace 2605 E 12TH ST UNKNOWN
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Wm. Edna Arn
 (b) Address 2605 East 12th St.
 17. (a) CREMATION (b) Date thereof JAN-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation D.W. NEWCOMER'S SONS
 18. (a) Signature of funeral director D.W. Newcomer
 (b) Address 1401 BRUSH GREEN BLVD
 19. (a) 1-20-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature C. E. Stump (M. D. or other)
 Address 1102 E 47th St Date signed 1-24-45

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

1102 East 47th Street

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 *A.C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *A.C. 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.