S. No. 2
M—2-43
5-17-39
I X35697

816

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1159

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 262

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:
3722 E. 6th 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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3722 E. 6th St., 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. EDNA MARIE ARNOLD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. /

5. Color or race White

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 5, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	8	11	hr. min.

9. Birthplace Leavenworth (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Charles Arnold
(b) Address 3722 E. 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1939, 19 to Jan. 16 '46 19
that I last saw her alive on Jan. 16 '46
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis

Due to Adenocarcinoma of Colon with metastases

Due to

Other conditions no 46 A
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Sigmoid & adhesions to uterus
Of autopsy none required

Duration

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? ✓
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Edward G. Hillen (M. D. or other) [illegible]
Address Professional Bldg. Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

D. Heller
Prof. Bldg.

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K 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.