

Primary Registration District No. 1002

FILED SEP 25 1946

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

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:
418 West 10 St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 8 yrs.

3. (a) PRINT FULL NAME Luis Adolfo Arcentales

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Arcentales 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug 29 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Exporter

11. Industry or business _____

12. Name Pedro A. Arcentales

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

14. Maiden name Peirona Medranda

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

16. (a) Informant Flora Arcentales

(b) Address 418 West 10 St.

17. (a) Removal (b) Date thereof 9-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 9-12-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

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

(d) Street No. 418 West 10 St. **8**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 28 1946 to Sept 12 1946.

that I last saw him alive on Sept 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death myocardium
diffuse coronary artery disease with multiple
coronary artery occlusion

Duration

1 year

Due to congestive circulatory failure

3 mo

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

Major findings: Of operations 940

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Graham Asher (M. D. or other) **MD**

Address 1220 Prof. Bldg Date signed 9-12-46

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Portland Merion
3414
918 Brookline
H. C. Merion