

National Office of Vital Statistics

State File No.

Registration District No. 146

Primary Registration District No. 52568 3 02

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Residence, 11025 E. 23rd St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 60 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 11025 E. 23rd  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country:

3. (a) PRINT MRS. EMILIE AMANDA ARENDS  
 FULL NAME

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife David J. Arends 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased March 16, 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Westpruzzen, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business self employed

12. Name David Scheiber

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

14. Maiden name Pauline Gottlieb

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

16. (a) Informant Mrs. Wilda Doerffel

(b) Address 11025 E. 23rd Independence, Mo.

17. (a) burial (b) Date thereof 1/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Doc Garson

(b) Address Independence, Mo.

19. (a) 1-31-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
 year 1948 hour 12:25 minute P. M.

21. I hereby certify that I attended the deceased from July, 1945 to 1.27, 1948;  
 that I last saw him alive on 1.27, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Breast Duration 4 yrs.

Due to

Due to

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature George M. Peck (M. D. or other)

Address 11037 Wimmer Rd. Independence, Mo. Date signed 1-29-48

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

MOTHER FATHER

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.....

*Richard L. Shorter*

Registered Apprentice No. *423*

working under my personal supervision.

Signed.....

*R. L. Lile*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.