

S. No. 30-7  
M-10-47  
y. 5-17-39  
I 3905

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4704  
Registrar's No. 639

FILED FEB 20 1948  
Registration District No. 149

Primary Registration District No. 1002

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:  
1720 EAST 67TH STREET!  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 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. 1720 EAST 67TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MR. ALBERT R. ARNDT  
(b) If veteran, name war WORLD WARI  
(c) Social Security No. 495-05-3373

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEBRUARY, day 11TH  
year 1948 hour APPROX. 8 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Coronary, 19 to 19; that I last saw him alive on 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. MARY E. ARNDT  
(c) Age of husband or wife if alive 51 years  
7. Birth date of deceased OCTOBER 16 1889  
(Month) (Day) (Year)

Immediate cause of death  
Due to Coronary sclerosis  
Due to Intermittent sclerosis

8. AGE: Years 58 Months 3 Days 26 1/2  
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 938  
Of operations  
Of autopsy no History of Impaction

9. Birthplace ADMIRE KANSAS/  
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business FOLEY PLUMBING COMPANY

12. Name AMIL ARNDT

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

14. Maiden name MINNIE MONTEY

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

16. (a) Informant Mrs. Mary E. Arndt

(b) Address 1720 East 67th

17. (a) BURIAL (b) Date thereof FEB. 14-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. H. Newcomer Sons  
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-13-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

23. Signature J. W. Alder (M. D. or other)  
Address 1424 N. Hwy. Date signed 2-11-48

FEB 27 1948

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**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 *Bernard L. Moran*.....

Licensed Embalmer No. *4250*.....

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.**