

FEDERAL BUREAU OF INVESTIGATION  
STANDARD CERTIFICATE OF DEATH

29644  
State File No. ....  
Registrar's No. .... 3662

FILED SEP 18 1948  
Registration District No. .... 49

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:  
5600 Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time  
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. 5600 Forest  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Mrs. Mable E. Arnold  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 7th.  
year 1948 hour 12 minute 30 A. M.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Thomas M. Arnold  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: October 11th. 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1948 to Sept 7th, 1948  
that I last saw her alive on Sept 7th, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 10 26 hr. min.

Immediate cause of death Carcinoma of the Liver  
Duration 39 months

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name Nelson Jarrett  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Buelow  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: Generalized abdominal carcinomatosis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Irene E. Wharton  
(b) Address 5600 Forest  
17. (a) Burial (b) Date thereof 9-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri  
19. (a) 9-8-48 (b) Stearldine Holmes  
(Date received local registrar) (Registrar's signature)

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 1  
23. Signature John F. Caldwell (M. D. or other) MD  
Address Kansas City, Mo. Date signed 9/18/48

Unkempt Body No. 3456  
Y-A 5:30 Wed

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**