

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41000**
5339
Registrar's No.

FILED DEC 26 1951

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 35 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, North		d. STREET ADDRESS (If rural, give location) 3708 N. Cherry 94	
d. FULL NAME OF HOSPITAL OR INSTITUTION 37th N. Cherry							
3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD b. (Middle) W. c. (Last) RADING			4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1951				
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 18 1878	
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTERER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HAMBURG, GERMANY	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE MRS. Freda Rading	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-12-3361		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. Fred C. Foerster 3708 N. Cherry R.E. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 8, 1951 , to Dec 10, 1951 , that I last saw the deceased alive on Aug 8, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Mc Cormick MD				23b. ADDRESS 2025 Summit St. KCMO		23c. DATE SIGNED 12/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Dec 12, 1951		Memorial Park		Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-12-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. W. Newcomer North Kansas City			

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

0248

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John V. Lewicki Sr.

Licensed Embalmer No. 48918

Signed
Student Embalmer

P. O. Address 832 Amos Rd. 71

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.