

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5180

1024

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>33 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3410 E 45th Terr</u>		<u>3608</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3410 E 45th Terr</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Arthur</u>	b. (Middle) <u>George</u>	c. (Last) <u>Obenhaus</u>	Month <u>March</u>	Day <u>1</u>	Year <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>27 Jan 1897</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>0</u>	11. UNDER 12 HRS. Days <u>0</u>	12. UNDER 1 MIN. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Post Office</u>		11. BIRTHPLACE (State or foreign country) <u>Hermann Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Obenhaus</u>		13b. MOTHER'S MAIDEN NAME <u>Emma</u>		14. NAME OF HUSBAND OR WIFE <u>Eunice Obenhaus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Obenhaus</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2-22-52</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + arterio-</u>					
		DUE TO (c) <u>Sclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3317</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>2-22</u> 19 <u>52</u> , to <u>2-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-29</u> , 19 <u>52</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. H. Jones M.D.</u>				23b. ADDRESS <u>801 + Park Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 March 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-4-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapels</u>			
				ADDRESS <u>K.C. Mo</u>			

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

Dr Jones
80th & Paris

SEP 12 1952

SEP 27 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W Ross Blanford

Licensed Embalmer No. 4015

P. O. Address KC 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.