

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9918
 Do not use this space.

1. PLACE OF DEATH 3 1938
 (a) County Jackson Registration District No. 399
 (b) Township Kew Primary Registration District No. 1002 Registered No. 1383
 (c) City Kansas city (d) Street No. St Lukes Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Lee Arnold 654
 (a) Residence, No. 4226 Agnes St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H. Arnold
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 6 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 FATHER 13. NAME Jerry Smallwood
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER 15. MAIDEN NAME Mary Jane Stewart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Wm H. Arnold
 (ADDRESS) 4226 Agnes
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mouch DATE Apr 1 1938
 19. FUNERAL DIRECTOR W Newcomb's Sons
 (ADDRESS) Arnold Creek + Oase
 20. FILED Nov 31 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to March 30 1938
 I last saw him alive on 3/30 1938. Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset 3/15/38
94 lb
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? EKG Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify _____ (Signed) Robert G. ... M. D.
 (Address) 850 Professional Bldg

WRITE PRINT, WITH OUPDING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

DEC 21 1954

Paul King
Nov 28 1954
11 Am to 4 PM

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Neil Carr*

Licensed Embalmer No. *3976*

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.)