

REC'D MAY 9 1938

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

13589

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw P. Primary Registration District No. 1002 Registered No. 1569
(c) City Kansas City (d) Street No. Unity Lutheran Hosp.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Warren Arnold 654.
Rantoul Kansas 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Junior in
9. Industry or business in which work was done, as saw mill, bank, etc. Rantoul High School
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) Rantoul Kansas13. NAME George H. Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Illinois15. MAIDEN NAME Frances Benjamin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garnett Kansas17. INFORMANT (ADDRESS) George J. Arnold
Rantoul Kansas18. BURIAL, CREMATION, OR REMOVAL
PLACE Ottawa, Kansas DATE 4-12, 193819. FUNERAL DIRECTOR (ADDRESS) State Funeral Home
412 1/2 11th Street20. FILED Apr 12, 1938 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 193822. I HEREBY CERTIFY, That I attended deceased from 2-12-38, 1938, to 4-10-38, 1938I last saw him alive on 4-10-38, 1938. Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer.
Severe post-operative hemorrhage.
Date of onset 11/70

Other contributory causes of importance:

Generalized peritonitis.
Peri-Renal abscess.
Obstruction of sigmoid due to adhesions of jejunum.
Name of operation Repair of perforation Date of 2-12-38

What test confirmed diagnosis? _____ Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938Where 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? no

If so, specify _____

(Signed) Robert M. Myers, M. D.(Address) 5827 Park

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.....

Licensed Embalmer No.....

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.)