

REC'D SEP 6 1939

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

28308

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 3310
(c) City Kansas City (d) Street No. 14 E. 65th St. Terrace 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Arnold

(a) Residence, No. 14 E. 65th St. Terrace St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lena Faye Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1888
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Garage Proprietor
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Missouri13. NAME John Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT Mrs. Lena Faye Arnold
(ADDRESS) 14 E. 65th Terrace18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug. 23, 193919. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) 104 W. 42nd St., K.C., Mo.20. FILED Aug 22 39 M. M. Crocove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 193922. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1939, to Aug 8, 1939

I last saw him alive on Aug 8, 1939. Death is said to have occurred on the date stated above, about 10 A.M.
The principal cause of death and related causes of importance were as follows:

Dermatomycosis
Acute dilatation of heart
Cloudy swelling of liver
Date of onset 11/20

Other contributory causes of importance:

red 2 & 9 abnName of operation Lung resection Date of 8-3-39What test confirmed diagnosis? X-ray 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....., 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? No

If so, specify.....

(Signed) J. H. Baker, M. D.(Address) 115 Grand Ave. Bldg. 1329

JUN 1 0 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

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APPROVED
JUN 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 3310-39
Local Registrar's No. 3310-39

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of March, 1948, before me appears Mrs.
Lena Arnold, who, upon her oath, states that the original record of ^{birth} death
for George W. Arnold, died August 21, 1939, in the State of
Missouri, and which was filed at K. C. Mo on 8-22, 1939, should be corrected as follows:

- Item No. 4 should read white
Instead of colored
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mrs. Lena Arnold Relationship. 14 E. 65th Terr
Present Address.

Subscribed and sworn to before me this 15 day of March, 1948.
My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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