No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 5 1940
399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27529
State File No. [redacted]

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3162

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4226 Agnes Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 4226 Agnes Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years

3. (a) PRINT FULL NAME Mr. William Henry Arnold

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Bertha Lee Arnold

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April (Month) 2 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	6	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Book Binder

11. Industry or business

FATHER
12. Name John P. Arnold
13. Birthplace Burks County (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aubrey Arnold
(b) Address 4226 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1940 hour Between 2 & minute 6:30 A.M.

21. I hereby certify that I attended the deceased from April 5 1937 to July 8 1940, that I last saw him alive on July 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chron — Duration
Uremia Nephritis 3 yrs
Chronic Nephritis 3 yrs
Due to Vesical stones Several yrs
Cardiac hypertrophy Several yrs
Chronic Colitis + Cardiac Dyspnea Several yrs
Due to (b)

Other conditions (Include pregnancy within 3 months of death)

Major findings: No operations
Of operations

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Injury (Specify type of place)
While at work (e) Means of injury

23. Signature Geo F Hamel (M. D. or other)
Address 900 Rialto Bldg Date signed 7/8-40

(Licensed Embalmer's Statement on Reverse Side)

900- Plaits Bldg
12:30- 3:30

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 Kenneth Page Sipp

Licensed Embalmer No. 4129

P. O. Address 1309 Brush Creek K.C.

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.