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1940 OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31129**
3692
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 43 Years
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 limit, write "RURAL") 0
(d) Street No. 5518 East 30th St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME ALEXANDER H. ARNOLD

3. (b) If veteran, name war not a Veteran 3. (c) Social Security No. 495-09-0467

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nellie L. Arnold 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 23 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 28 If less than one day hr. _____ min.

9. Birthplace Lone Jack Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business John Nelson

MOTHER FATHER { 12. Name Isaac Arnold
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Hocker
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie L. Arnold
(b) Address 5518 E. 30th St. Terrace

17. (a) Removal & Burial (b) Date thereof Sept. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville, Mo
East Cemetery

18. (a) Signature of funeral director J. H. Williams
(b) Address 1401 Brush Creek Blvd.
9-22-40

19. (a) 9-22-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 16th, 1940 to Sept. 20th, 1940;

that I last saw him alive on Sept. 20th, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis Duration _____

Due to Healed Miliary tuberculosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 326

Major findings: Of operations _____
Of autopsy See above
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? _____

While at work? _____ (Specify type of place) (If means of injury) _____

23. Signature Dr. R. H. Shaw (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo Date signed _____

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

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address F. C. No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.