

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20822
Registrar's No. 2352

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 days
In this community. ABOUT 12 YEARS (Specify whether 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. 104 West Linwood
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MAE ARBAUGH

3. (b) If veteran, name war. NO
3. (c) Social Security No. 496-16-1727

4. Sex. FEMALE
5. Color or race. WHITE
6. (a) Single, widowed, married, divorced. SINGLE

6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. DECEMBER 29 1894
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 22
If less than one day hr. min.

9. Birthplace. INDEPENDENCE KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation. W.P.A.

11. Industry or business.

MOTHER FATHER
12. Name. PERRY ARBAUGH
13. Birthplace. INDIANNA
(City, town, or county) (State or foreign country)
14. Maiden name. CHATTIE CABY
15. Birthplace. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant. PAUL ARBAUGH
(b) Address. 2620 BENTON K.C. MO
17. (a) BURIAL (b) Date thereof. 6-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. WOODLAWN K.C. MO

18. (a) Signature of funeral director. J. P. LOUIS FUNERAL HOME
(b) Address. 2400 WOODLAWN K.C. MO
19. (a) 6/27, 1941 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. June day. 20th
year. 1941 hour. 3 minutes. 15 A. M.

21. I hereby certify that I attended the deceased from
April 1939 to June 20th 1941
that I last saw her alive on June 20th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Papillary cystadenocarcinoma of ovary
Duration
Due to
Due to
Other conditions. (Include pregnancy within 3 months of death)
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?

(Specify type of place) While at work (Specify type of place) Means of injury.
23. Signature. Quincy P. Thore (M. D. or other)
Address. Med. Dir. K.C. Gen. Hospital Date signed. 6-20-41

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

GET KANSAS PERMIT

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bert Legan

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, Mo*

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, fact should be so stated above.