

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40784

State File No. _____
Registrar's No. 4459

Registration District No. 399

Primary Registration District No. 1002

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

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:
3132 Cypress Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 049
(If outside city or town limits, write "RURAL")
(d) Street No. 3132 Cypress
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mr. Allen Joe Arendall
(b) If veteran, name war No (c) Social Security No. 495-05-1704

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 30
year 1941 hour 9 minute 50 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Bess Arendall
(c) Age of husband or wife if alive 48 years

21. I hereby certify that I attended the deceased from Apr 15, 1941, to Nov 30, 1941, that I last saw him alive on Nov 28, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased September 21 1877
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
64 2 9 hr. min.

Immediate cause of death Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Brays Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Miller

MOTHER FATHER
11. Industry or business Washburn Crosby Company
12. Name Albert Arendall
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Helenn Goforth
15. Birthplace _____
(City, town, or county) (State or foreign country)

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? (c) Means of injury _____

16. (a) Informant Mrs. Bess Arendall
(b) Address 3132 Cypress Street
17. (a) Burial (b) Date thereof Dec. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director W.H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec 2-1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature E. A. West M. D. or other _____
Address Kansas City Mo Date signed 11-30-41

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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.