

FILED JUN 11 1942

Registration District No. **2397**

Primary Registration District No. **1002**

Registrar's No. **2189**

1. PLACE OF DEATH:

(a) County Kansas
 (b) City or town Jackson
 (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)
 (d) Length of stay: In hospital or institution 22 days
 In this community 16 yrs.
 (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. 308 Garfield
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ARNOLD - MARTHA E.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 20

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 3 1883
 (Month) (Day) (Year)

8. AGE: Years 89 Months 02 Days 290 If less than one day hr. _____ min. _____

9. Birthplace Cooper Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife mo

11. Industry or business housewife

12. Name Woodson Parish

13. Birthplace East Union N.C. (City, town, or county) (State or foreign country)

14. Maiden name Davis

15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant Wm Arnold

(b) Address 2604 E. Karboth

17. (a) Burial (b) Date thereof 6-5-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunton mo

18. (a) Signature of funeral director R.V. Mart
 (b) Address 4346 Swift

19. (a) June 3, 1942 (b) M. H. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1942 hour 1:09 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 5-12-42 19____ to 6-3-42 19____ that I last saw her alive on 6-3-42 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation with pulmonary edema

Due to _____
 Due to 95c

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy None

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) (e) Means of injury 0

23. Signature Shirley P. Johnson (M. D. or other) _____
 Address Med. Dir. K.C. General Hospital Date signed _____

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

4838

4838

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Howard J. Roe

Licensed Embalmer No.

2748

P. O. Address.....

4346 Front

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.