

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29332

FILED OCT 5 1942

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3488

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: Krestwood Conv. Home 2700 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community 70 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Leon B. Arbuckle

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ida. F. Arbuckle 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. 22 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 00 If less than one day
hr. _____ min. _____

9. Birthplace Aurora Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Sign business

11. Industry or business Retired

12. Name Hiram Arbuckle
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Powell
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida F. Arbuckle
(b) Address 2505 Jackson

17. (a) Burial (b) Date thereof 9-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 9/23/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2505 Jackson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 1935
_____, 19____, to Sept 22, 1942,
that I last saw him alive on Sept 22, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 9-17-42
1st. 1935. 2nd July 1st, 1942

Due to arterio sclerosis 10 yrs

Due to 83 yr

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (e) Means of injury 0

23. Signature E. W. Blushier (M. D. or other) _____
Address 900 Rialto Bldg. K.C. Mo. Date signed 9-22-42

FOR, CORONER'S OFFICE
Rector Field

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.....

Chas Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Linwood

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.