

FILED DEC 3 1943/9

Registration District No. ....

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: Ambassador Hotel, 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 1 month  
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. Ambassador Hotel, 3560 Broadway  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country x 0

3. (a) PRINT FULL NAME Diane E. Arakelian

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

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

6. (b) Name of husband or wife x 6. (c) Age of husband or wife if alive Years

7. Birth date of deceased March 29 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 7 23 hr. min.

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

10. Usual occupation child

11. Industry or business x

MOTHER FATHER { 12. Name Diran Arakelian  
13. Birthplace Massachusetts  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Wilson  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Major Diran Arakelian  
(b) Address Ambassador Hotel, Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-22-43 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd  
year 1943 hour 10:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from 10/12 1943 to 11/21 1943  
that I last saw her alive on 11/21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death anemia

Due to acute lymphatic leukemia

Due to 7/40

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) \_\_\_\_\_  
(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)  
23. Signature James P. Jolley (M. D. or other)  
Address 874 Park View Date signed 11/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. James McVey *Conte Reg.*  
4067W34

**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 *John H. Hurley*  
Licensed Embalmer No. *4050*  
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.**