

No. 2
-5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16906

State File No. _____

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2044

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS-CITY, MO.
(c) Name of hospital or institution: ST. LUKE'S HOSPITAL
(d) Length of stay: 2 mo. 2 days
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CLAY 24
(c) City or town NORTH-KAN CITY, MO
(d) Street No. 2029 SWIFT AVE.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME DORIS-ARNOLD
(b) If veteran, name war: no
(c) Social Security No. none
(d) Sex Female
(e) Color or race White
(f) Marital status single
(g) Name of husband or wife _____
(h) Age of husband or wife if alive _____ years
(i) Birth date of deceased: Sept 20 1897

20. DATE OF DEATH: Month MAY day 9th year 1944 hour 6 minute 50 M.
21. I hereby certify that I attended the deceased from March 9 1944 to May 9 1944 that I last saw her alive on 5-9-44 and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 47 Days 19
9. Birthplace FAIRFIELD NEB-1
10. Usual occupation SCHOOL-TEACHER
11. Industry or business INDUSTRY
12. Name Albert G. Arnold
13. Birthplace Marion, Iowa
14. Maiden name Ada C. Martin
15. Birthplace Winchester Ill
16. (a) Informant MRS MAY- MARTIN
(b) Address 303-2-27-NO-KAN CITY
17. (a) Burial (b) Date thereof 5-11-44
(c) Place: burial or cremation CROWN HILL CEM. Hesper Springs
18. (a) Signature of funeral director MORTON Funeral Home
(b) Address North Kansas City Mo
19. (a) 5-11-44 (b) D. E. Brown

Immediate cause of death: Generalized carcinomatosis
Due to Carcinoma, rt breast
Other conditions: Deminceralization of the spine
Major findings: 50

Of autopsy: Carcinomatous involvement of all organs
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Albert E. Klund (M. D. or other) MD
Address St. Louis Hosp. KC, Mo Date signed 5-10-44

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

AUG 7 1944

JUN 2 1944

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 S. Morton*.....

Licensed Embalmer No. *4349*.....

P. O. Address. *No Kan 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.