No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F 20461

State File No. 2833

Registration District No. FILED JUL 15 1949

Primary Registration District No. 1002

Registrar's No.

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: Kansas City T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community Twenty years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 E 12th St. 3
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MAUDE ARNOLD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Earl Arnold.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 6 (Day) 1892 (Year)

8. AGE: Years 51 ~~52~~ Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Thomas Outlaw
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name unk.
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Records of K.C. T.B. Hosp

(b) Address Kansas City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 7-8-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1944 hour 9 50 minute A M.

21. I hereby certify that I attended the deceased from 6-28, 1944, to 7-3, 1944 that I last saw her alive on 7-3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	6 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature Matthew J. Noon (M. D. or other)

Address Leeds Mo. Date signed 7/3/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3994

P. O. Address 2503 Highla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.