V. S. No. 2
00M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26727

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3528

48
3
8

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: Vineyard Park Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4das (Specify whether
In this community 55 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40

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

(d) Street No. I200 Linwood 3
(If rural, give location)

(e) Citizen of foreign country? no 8 (Yes or No)

If yes, name country no 0

3. (a) PRINT FULL NAME Nora Owens Arrowsmith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife Rex Arrowsmith

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 3rd I882 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Albert Owens
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Rex Arrowsmith
(b) Address I200 Linwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8 30th I944 (Month) (Day) (Year)
(c) Place: burial or cremation Cremation Elmwood Cem

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address I800 Linwood

19. (a) 8-30-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28th year I944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Aug 24, 1944, to Aug 28, 1944 that I last saw her alive on Aug 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septic Endocarditis	4 days
Due to Influenza (Intestinal type)	5 days
Due to Old Mitral Regurgitation	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 b

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 J. E. Sheldon (M. D. ~~or other~~)

Address 922 Walnut Kc Mo Date signed 8-29-44

(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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinwood

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.