

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1148

State File No.

355

FILED FEB 6 1945  
Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

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

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:  
The Walnuts  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Arzelia F. Gustin

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 Widowed

6. (b) Name of husband or wife Albert L. Gustin

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

7. Birth date of deceased: September 11 unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 68 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name unknown 9

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

14. Maiden name unknown

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

16. (a) Informant A. L. Gustin, Jr.

(b) Address 630 W. 56th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-23-45 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Kansas City 27  
(If outside city or town limits, write "RURAL")

(d) Street No. The Walnuts 5049 Walnut  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from May 15 to January 20 1945  
that I last saw her alive on January 20 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - am. chronic Duration  
Bi-lateral - B. Poli - pyelonephritis  
Bi-lateral pulmonary septic infarcts

Due to chronic - Diabetes 99 Arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations \_\_\_\_\_

Of autopsy chronic infection urinary system  
Bi-lateral pulmonary infarcts (chronic)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. [Signature])

Address 1019 Pig Alley Date signed 1/21/45

MAR -2 1945

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. C. 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.**