S. No. 2
M—2-43
5-17-39
P I X35697

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

815

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1157

FILED JAN 31 1946

Registration District No. 249 Primary Registration District No. 1002 Registrar's No. 202

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:
3807 GILLHAM ROAD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3807 GILLHAM ROAD 8
(If rural, give location) 0
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country RUSSIA

3. (a) PRINT FULL NAME MR EDWARD ARENDT
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-05-1258A
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MRS MARY ARENDT
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased AUGUST (Month) 20 (Day) 1878 (Year)

8. AGE: Years 67 Months 4 Days ~~23~~ 22 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation SHEET METAL WORKER
11. Industry or business ____
FATHER
12. Name JULIUS ARENDT
13. Birthplace ____ (City, town, or county) RUSSIA (State or foreign country)
MOTHER
14. Maiden name EMILIE ELDING
15. Birthplace ____ (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant MISS EMILIE ARENDT
(b) Address 3807 Gillham Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 14 (Day) 1946 (Year)
(c) Place: burial ~~or cremation~~ Forest Hill
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 12TH year 1946 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from 12-3-46 ____, 19__, to ____, 19__; that I last saw him alive on 1-11-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Cirrhosis of liver
Due to Probably Metastatic Cancer (not proven)
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
1246
Major findings:
Of operations ____
Of autopsy None permitted

Duration

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 W. A. Myers (M. D. ~~or other~~)
Address 1115 Grand, Rome Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

1st floor. Shuckert Bldg.
10-1

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.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.