

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAY 9 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community Indep. mo 13 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Oak Grove Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RR 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORNELIUS LEVINGSTON ARNEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-30 day 30
year 1946 hour 11 minute 50 AM

21. I hereby certify that I attended the deceased from
Feb 20 1946, to 4-15 1946
that I last saw him alive on 4-20
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jennie Belle Arney - age 71

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

7. Birth date of deceased Nov 30 1872
(Month) (Day) (Year)

Immediate cause of death Coronary failure
Pulmonary Congestion

Due to Carcinoma of Pancreas

Due to _____

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>			hr. _____ min.

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

Major findings: 460g

Of operations _____

Of autopsy Carcinoma of Pancreas

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

9. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name J. S. Arney

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

14. Maiden name Nancy Jane Cook

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

16. (a) Informant M. S. Arney

(b) Address 307 N. Lytle Indep Mo

17. (a) Burial (b) Date thereof 5-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Indep Mo

18. (a) Signature of funeral director O. J. Mitchell

(b) Address 310 N. Main St. Independence, Missouri

19. (a) May 2, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____

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

Address 1518 Professional Bldg Date signed 4-30-46
Kansas City, Mo.

35X (Licensed Embalmer's Statement on Reverse Side)

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

12354

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.