

No. 2
7-5-43
5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20678**
Registrar's No. **36**

FILED JUL 11 1946
Registration District No. **154**

Primary Registration District No. **5575**

1. PLACE OF DEATH:

(a) County **Jackson** (Rural)
 (b) City or town **Kansas City** (Washington)
 (c) Name of hospital or institution: **Armour Memorial Home**, **4**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 years, months or days) **over 40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Armour Memorial Home**, **0**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Miss Arie Blair England**

3. (b) If veteran, name, war **no.** **3. (c) Social Security** No. **no.**

4. Sex **female** **5. Color or** **white** **6. (a) Single, widowed, married,** **single**
 divorced **single**

6. (b) Name of husband or wife **X** **6. (c) Age of husband or wife if** **X**
 alive **X** years

7. Birth date of deceased **October 11 1859**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **8** Days **6** If less than one day
 hr. min.

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

10. Usual occupation **Beauty Operator, Retired**

11. Industry or business **X**

12. Name **Alfred England**

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

14. Maiden name **Julia Burdick**

15. Birthplace **New York** (City, town, or county) (State or foreign country)

16. (a) Informant **Armour Memorial Home Records**

(b) Address **81st. and Wornall Road, K.C., Mo.**

17. (a) burial **(b) Date thereof** **6-20-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

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

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

19. (a) 19-46 **(b) Dr. Annie E. Hedges**
 (Date received local registrar) (Registrar's signature)

June 20, 1946 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
 year **1946** hour **3:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 1 - 1946** to **June 17 - 1946**
 that I last saw **her** alive on **June 15 - 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Thromic Fever**

Due to **137.2**

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

Major findings:
 Of operations

Of autopsy

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?

White at work? (Specify type of place) **(c) Means of injury**

23. Signature **O. O. Cantrell** (M. D. or other) **0**
Address **636 W. 44th St.** **Date signed** **6/17/46**

'Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1946

*Apprentice
Beltz*

Dr. C. D. Cantrell

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.....

J. Allen

Licensed Embalmer No. *1415*

P. O. Address *H. C. M.*

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.