

No. 2
-12-45
5-17-39
1 X47070

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks** (Specify whether years, months or days)
In this community **32 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frances Katherine ARNOLD**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Chas. F. Arnold, Jr.**
6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **December 15, 1913**
(Month) (Day) (Year)

8. AGE: Years **32** Months **9** Days **18**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **At home**

MOTHER FATHER { 12. Name **Patrick J. Horan**
13. Birthplace **Wilkes-Barre, Pennsylvania**
14. Maiden name **Minnie Markley**
15. Birthplace **Holden, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Chas. F. Arnold, Jr.**

(b) Address **2007 E. 33d St., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **10-5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **10-4-46** **Beraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2007 East 33d Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **3**
year **1946** hour **12** minute **noon** M.

21. I hereby certify that I attended the deceased from **July 1946** to **October 3, 1946**;
that I last saw her alive on **October 3, 1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular failure and anoxemia**
Post-operative for carcinoma of the colon
Due to **Not known - possible anaphylaxis of unknown origin**
Other conditions **Recent thyroidectomy**
Major findings: **Carcinoma of colon**
Of operations **Not done**
Of autopsy **Not done**

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? (c) Means of injury

23. Signature **Lorraine Sherwood** (M. D. or other)
Address **4000 Baltimore - K.C., Mo.** Date signed **10-4-46**

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

Dr. J. W. Parkers
M. Joseph

Shenwood

4000 Baltimore

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 Blaw E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.