

FILED DEC 24 1946
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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
(Specify whether
In this community 23 YRS.
years, months or days)

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. 1720 HOLMES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARNOLDA MOORE
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife THEODORE MOORE 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased DECEMBER 5, 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>0</u>	<u>3</u>	hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business _____
12. Name DAVID NELSON
13. Birthplace BLACKBURN MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name RENA NELSON
15. Birthplace ALMA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant THEODORE MOORE (HUSBAND)
(b) Address 1720 HOLMES

17. (a) Removal (b) Date thereof 12-8-46
(Month) (Day) (Year)
(c) Place: burial or cremation Blackburn and

18. (a) Signature of funeral director Wain & Sons
(b) Address Terre Haute Mo.

19. (a) 12-9-46 (b) Gertrudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 8,
year 1946 hour 5: minute 30 A. M.
21. I hereby certify that I attended the deceased from DECEMBER
2, 19 46, to DECEMBER 8, 19 46
that I last saw h. ER alive on DECEMBER 8, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Spinal Meningitis
Due to etiology unknown
Other conditions (include pregnancy within 3 months of death) 81-a
Major findings:
Of operations _____
Of autopsy _____
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. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 12/9/46

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 *Gary A. Lewis*
Licensed Embalmer No. *54220*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.