S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37981
Registrar's No. 4955

Registration District No. FILED DEC 9 1947
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy 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 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis Co
(c) City or town Green Ridge, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Lyndell Arvieux
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6 (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Green Ridge, Mo (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business

FATHER
12. Name Willie Dulf Arvieux
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eunice Brownfield Arvieux
15. Birthplace Green Ridge, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Father
(b) Address Green Ridge, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenridge Mo
18. (a) Signature of funeral director E. L. Ream
(b) Address Green Ridge, Mo
19. (a) 11-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1947 hour 12 minute 3 min a.m.
21. I hereby certify that I attended the deceased from 11-10-47 to 11-25-47 that I last saw him alive on 11-25-47 and that death occurred on the date and hour stated above.

Immediate cause of death Megalocolon, Congenital
Due to Rectal & Bladder Fistula
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 C. C. Lynch (M. D. or other)
Address Mercy Hospital Date signed 25 Nov 1947

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge, 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.