

S. No. 2
OM-543
v. 5-17-39
I X38871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38478

FILED DEC 9 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4986

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:
Tanner Hotel 917 Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 55 years
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. 917 Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME ALEXANDER L. VAN ARSDALL

3. (b) If veteran, name war No 3. (c) Social Security No. 496-10-2228

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Van Arsdall 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 10 hr. 4 min.

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

10. Usual occupation Retired Dentist

11. Industry or business Dentistry

12. Name Richard Van Arsdall

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Van Arsdall

(b) Address 917 Locust K. C/Mo

17. (a) Cremation (b) Date thereof Nov 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-27-47 (b) Stirling Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1947 hour 9 minute 50 AM

21. I hereby certify that I attended the deceased from Nov 25, 1947, to Nov 25, 1947;
that I last saw him alive on Nov 25, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis
Due to _____

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

Major findings: 932
1 Of operations _____
Of autopsy no
History + Impression

Duration
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? _____ (e) Means of injury Car

23. Signature Stirling Holmes (M. D. or other) _____
Address 1424 W. 11th Date signed 11-27-47

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

MOTHER FATHER

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address KC. 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.