

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 1001

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

41565
State File No. 5366
Registrar's No.

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:
W. AMBULANCE EX-ROUTE TO ST. LUCIE'S HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 YEARS
(Specify whether years, months or days)
In this community 70 YEARS

3. (a) PRINT FULL NAME IDA FLORENCE ARBUCKLE

3. (b) If veteran, NO name war. NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. LEON ARBUCKLE 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased OCTOBER 27 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name James Shackelford

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

14. Maiden name Margaret A. Ware

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

16. (a) Informant MRS. L. EGRETTE RABCAP

(b) Address 2628 CYPRESS

17. (a) Cremation (b) Date thereof 12-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D-W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 12-23-47 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2509 JACKSON AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 20 TH
year 1947 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5-1-47
to 12-20 1947
that I last saw him alive on 10-1-47
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Coronary occlusion

Due to —

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

Major findings: 940

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? —

(Specify type of place)

While at work? — (Specify type of injury)

23. Signature Boyle & Sons (M. D. or other) —

Address 1578 N. 13th St. Kansas City, Mo. Date signed 12-22-47

1518 Professional Body
1230-

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:

D.D. Nofsinger

Licensed Embalmer No. *3938*

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.