

FILED APR 12 1948

Registration District No. 149

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 1002

Registrar's No. 1303

8561

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

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 60 DAYS
(Specify whether years, months or days)
 In this community 11 YRS.

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. 709 E. 17TH STREET
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MALINDA ARNOLD

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 WIDOWED

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 28, 1875
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
72	2	24	hr. _____ min.

9. Birthplace CARROLL COUNTY MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name WILLIAM ANDREW TYLER

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

14. Maiden name ANNA MARIAH PERRELL

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

16. (a) Informant DOROTHY GRAY (NIECE)

(b) Address 2217 FOREST

17. (a) Burial (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director A. R. King, Bur.

(b) Address 2800 E 12th

19. (a) 3-25-48 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22,
 year 1948 hour 2: minute 40 P. M.

21. I hereby certify that I attended the deceased from JANUARY 12, 1948 to MARCH 22, 1948; that I last saw her alive on MARCH 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF LEFT LUNG
2. BILATERAL HYDROTHORAX
3. POST OPERATIVE INTESTINAL OBSTRUCTION INCOMPLETE (MECHANICAL)
4. EMACIATION

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

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)
 Means of injury _____

23. Signature _____ (M. D. or other) M. D.
 Address GENERAL HOSPITAL NO. 2 Date signed 2/23/48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.