S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12396

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1538

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: 7516 WABASH AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 25 MONTHS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State KANSAS (b) County WYANDOTTE
(c) City or town KANSAS CITY 944
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 STATE AVENUE 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME MR. JOHN MARSHALL ARTHUR, SR.

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

4. Sex MALE 0
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED 2
6. (b) Name of ~~husband~~ or wife MRS. MATTIE R. ARTHUR
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased FEBRUARY (Month) 17 (Day) 1862 (Year)

8. AGE: Years 86 Months 1 Days 19 If less than one day hr. min.

9. Birthplace CLAY COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation RETIRED BUYER
11. Industry or business JONES STORE CO.

FATHER
12. Name JOHN ARTHUR
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name AMANDA STEPHENS
15. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant MR. JOHN MARSHALL ARTHUR, JR.
(b) Address 3311 STATE AVENUE · KANSAS CITY, KS.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 8 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ELMWOOD CEMETARY
18. (a) Signature of funeral director O. W. Newcomer's Son
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 4-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 6TH year 1948 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb - 1 - 1948 to Apr - 6 1948 that I last saw him alive on Apr - 5 - 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chr Nephritis | 1 yr |
| Due to Arteriosclerosis | 5 yrs |
| Due to Prostatic Obstruction | 10 yrs |
| Resection followed by Incontinence | 10 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 131 a

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Carl A Rusch (M. D. or other)
Address 106 W 14th St K.C. Mo Date signed 4/6/48

(Licensed Embalmer's Statement on Reverse Side)

106 West 14th Street
2:30 4:30

## 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. J. Nofsinger

Licensed Embalmer No. 13938

P. O. Address Kansas City M

**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.**