No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36341

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4566

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: Lakeside Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 10 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 449
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14
(d) Street No. 4200 Foster Road K.C.K. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Carl F. Arendell
3. (b) If veteran, name war none
3. (c) Social Security No. 444-01-9013
4. Sex M O
5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb 20 1886 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name David Arendell 1
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nettie Nichols 1
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Lula Arendell
(b) Address 4200 Foster Rd. K.C.K.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Chelsea Okla
18. (a) Signature of funeral director F. S. Walton
(b) Address K.C. Mo
19. (a) 11-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 8 year 1948 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from 11-4- 1948, to 11-8 1948 that I last saw him alive on 11-8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE GANGRENOUS RUPTURED APPENDIX	6 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings: Of operations Pyogenic Ruptured appendicitis c shock.
Of autopsy no

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?
C.A. Povlovich (Specify type of place) 2
While at work? (e) Means of injury
23. Signature C A Povlovich (M. D. or other) D.O.
Address 25 E 18 St. K.C. Mo Date signed 11-8-48

(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. J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K. C. 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.