FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40232

Primary Registration District No. 1002

Registrar's No. 5359

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: KANSAS CITY TUBERCULOSIS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MO. 26 DAYS (Specify whether years, months or days)

In this community 15 YEARS

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.: 905 PENN (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: FRANK JOHN MAC ARTHUR

3. (b) If veteran, name war: SPANISH AMERICAN

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: JULY (Month) 31 (Day) 1883 (Year)

8. AGE: Years 65 Months 5 Days 10 If less than one day — hr. — min.

9. Birthplace: INDEPENDENCE (City, town, or county) IOWA (State or foreign country)

10. Usual occupation: ARTIST & DECORATOR

11. Industry or business:

MOTHER FATHER

12. Name: JOHN MC ARTHUR

13. Birthplace: BOSTON (City, town, or county) MASS. (State or foreign country)

14. Maiden name: HERD ALVERETTA

15. Birthplace: INDEPENDENCE (City, town, or county) IOWA (State or foreign country)

16. (a) Informant: KANSAS CITY TUBERCULOSIS HOSP.

(b) Address: LEEDS, MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN. 3 1949 (Month) (Day) (Year)

(c) Place: burial or cremation: WATER LOO, IOWA

18. (a) Signature of funeral director: S. W. Newcomer & Sons

(b) Address: 1401 BRUSH CREEK BLVD

19. (a) 12-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 31 year 1948 hour 6 minute — P.M.

21. I hereby certify that I attended the deceased from June 6, 1948, to DECEMBER 31, 1948; that I last saw him alive on 12-31, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: PULMONARY TUBERCULOSIS — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: B.K.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: G. K. Landis (M. D. or other) G. K. Landis

Address: K.C. Tbc Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1949

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.