

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1158**
233

FILED FEB 14 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1823 Norton Avenue</u>	
c. LENGTH OF STAY (in this place) <u>31 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1823 Norton Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1823 Norton Avenue</u>			

3. NAME OF DECEASED (Type or Print) <u>Grace</u>	a. (First) <u>Grace</u>	b. (Middle) <u>A.</u>	c. (Last) <u>ARNETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-49</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>10-22-84</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wonder Co., Wash.</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Fralick</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Eisele</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph E. Arnett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>514-22-0601</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Lofstrom</u>	ADDRESS <u>1823 Norton, KC, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>220 447X</u>	

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Oct 1948, to Jan 16, 1949, that I last saw the deceased alive on Jan 13, 1949 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Griffith</u>	(Degree or title) _____	23b. ADDRESS <u>1823 Norton</u>	23c. DATE SIGNED <u>Jan 17, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-18-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>	ADDRESS <u>Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. Griffith
4000 Baltimore
No 1426
at 3 00

MAR 23 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 _____

C. Dean Cole

Student Embalmer No. 408

working under my personal supervision.

Student C. Dean Cole
Student Embalmer

Signed _____

Licensed Embalmer No. 2977 KC

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.