

FILED JUN 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. **16630**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2290</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3438	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015 East 27th St.				d. STREET ADDRESS (If rural, give location) 1015 East 27th St.			
3. NAME OF DECEASED (Type or Print) a. (First) GLENNA		b. (Middle) RUTH		c. (Last) ARNOLDIA		4. DATE OF DEATH (Month) (Day) (Year) 5 22 50	
5. SEX Fe /		6. COLOR OR RACE Wh		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 2-20-1914	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert E. Bywaters		13b. MOTHER'S MAIDEN NAME Martha White		14. NAME OF HUSBAND OR WIFE Wolfred J. Arnoldia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. 494-14-5888		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.J. Arnoldia, 1015 E. 27th, K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of large bowel				about 1 yr.	
		ANTECEDENT CAUSES					
		DUE TO (b) Chronic colitis DUE TO (c) chronic myocarditis				8 or 10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				3 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 11, 1946</u> , to <u>May 22, 1950</u> , that I last saw the deceased alive on <u>Feb. 16, 1950</u> , and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE James W. Graham		(Degree or title) M. D. 0		23b. ADDRESS 518 Argyle Bldg. K.C. Mo.		23c. DATE SIGNED 5/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-24-50		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 5-22-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS 166 Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1954

7: A 5676

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Alvin R. Hunsche

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K C 2nd

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.