

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3939

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 township) OR TOWN Kansas City Mo 3		c. LENGTH OF STAY (In this place) 8 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5910 Wornall Rd in Street		d. STREET ADDRESS (If rural, give location) 2732 Troost Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Venue	b. (Middle) Marie	c. (Last) Van Arsdale	4. DATE OF DEATH (Month) (Day) (Year) 9-12-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-26-1926	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Romenille Gardens	11. BIRTHPLACE (State or foreign country) Bartlesville Okla.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J.C. Lowe	13b. MOTHER'S MAIDEN NAME Alta Custer	14. NAME OF HUSBAND OR WIFE Owen Van Arsdale
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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) No	16. SOCIAL SECURITY NO. 447-12-7804	17. INFORMANT'S SIGNATURE OR NAME Owen Van Arsdale	ADDRESS 2732 Troost Ave
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 21 94 31
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage Resulting from crushing injury to chest & head.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (car hit a tree)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5910 Wornall Bldg	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson City Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-12-50 11:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <i>Geo. C. Kealhofer M.D. Deputy Coroner</i>	23b. ADDRESS 3447 Park St	23c. DATE SIGNED 9-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-16-1950	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG 9-15-50	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home	ADDRESS
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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

Russell N. France

Signed.....
Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *A. C. Me*

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.