

STANDARD CERTIFICATE OF DEATH

41473

State File No.

5527

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 102 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 c. LENGTH OF STAY (in this place) 50 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 343 WOODLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY JACKSON
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 d. STREET ADDRESS (If rural, give location) 343 WOODLAND

3. NAME OF DECEASED
 a. (First) BENJAMIN b. (Middle) Morris c. (Last) ARENSON

4. DATE OF DEATH (Month) (Day) (Year)
DEC 21 1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MAR. 17-1891

9. AGE (In years last birthday) 60

IF UNDER 1 YEAR Days
 IF UNDER 1 MONTH Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY VARIETY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SIMON ARENSON

13b. MOTHER'S MAIDEN NAME TILLIE FISHER

14. NAME OF HUSBAND OR WIFE ESTHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
ESTHER ARENSON 343 WOODLAND

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Heart Isen Attack

INTERVAL BETWEEN ONSET AND DEATH
55

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Part Reseined

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
1034 Rio Vista Bldg

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

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 Hugh H. Owens (Degree or title)

23b. ADDRESS 1034 Rio Vista Bldg

23c. DATE SIGNED 12-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE DEC. 23-51

24c. NAME OF CEMETERY OR CREMATORY SHEFFIELD

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. 12-24-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
LOUIS FUNERAL HOME K.C. MO

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

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.....
Student Embalmer

Signed.....
Wm. Ruffington

Licensed Embalmer No. *2756*

P. O. Address *H. C. Mc*

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.