

FILED MAR 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____

1010

BIRTH NO. _____

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002

Registrar's No. _____

898

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

c. LENGTH OF STAY (in this place)

50 yrs.

c. CITY OR TOWN

Kansas City

d. Is Residence within limits of a city or incorporated town?

Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1417 E. 18th Street

e. STREET ADDRESS

(If rural, give location)

Unknown

3. NAME OF DECEASED (Type or Print)

Henry

b. (Middle)

J

c. (Last)

Arnold

4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 23, 1955

5. SEX

Male2

6. COLOR OR RACE

Col.

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

Never married

8. DATE OF BIRTH

Mar. 24, 1896

9. AGE (in years last birthday)

59

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

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

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

Apt. Buildings

11. BIRTHPLACE (City and State or Foreign Country)

Blackburn, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Henry Arnold

13b. MOTHER'S MAIDEN NAME

Mary Jones

14. NAME OF HUSBAND OR WIFE

None

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.

Unknown

17. INFORMANT'S SIGNATURE OR NAME

Frank M. Jackson, 1515 Myrtle

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

Myocardial InsufficiencyPediculosis

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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)

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

Deputy Coroner

(Degree or title)

23b. ADDRESS

1618 Lydia Ave

23c. DATE SIGNED

2/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Anatomical Bld.2/28/55K.C. College of Osteopathy2105 Independence

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

2-28-55Neva MarshallBadeau, Appleton & Jones, Inc., K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Conrado R. Galvez Bala*

Licensed Embalmer No. 494

P. O. Address K.C., Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.