

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4945  
809

|   |  |   |                               |   |  |   |  |
|---|--|---|-------------------------------|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO. 149  |                               | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY JACKSON |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY  |  | c. LENGTH OF STAY (in this place) 31 yrs  |                               | c. CITY OR TOWN KANSAS CITY   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5301 HARDESTY AVE   |  |   |                               | f. STREET ADDRESS (If rural, give location) 5301 HARDESTY AVENUE  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) William b. (Middle) BEATRICE c. (Last) MacARTHUR   |  |   | 4. DATE OF DEATH FEB. 20 1955 |   |  |   |  |
| 5. SEX FEMALE   |  | 6. COLOR OR RACE WHITE  |                               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH JUNE 11, 1881  |  |
| 9. AGE (In years last birthday) 73  |  | IF UNDER 1 YEAR Months Days   |                               | IF UNDER 24 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 Home  |                               | 11. BIRTHPLACE OSMOSH, WISCONSIN  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  |
| 13a. FATHER'S NAME JAMES A. VINCENT   |  | 13b. MOTHER'S MAIDEN NAME CARIE A. HOLMES   |                               | 14. NAME OF HUSBAND OR WIFE JOHN W. MACARTHUR   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE   |  | 16. SOCIAL SECURITY NO. NONE  |                               | 17. INFORMANT'S SIGNATURE AND NAME ADDRESS JOHN W. MACARTHUR 5301 HARDESTY A.C.M.   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Diabetic with<br>DUE TO (c) Hypertension with Myocarditis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                               |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>24 hours<br>5 years<br>7 years  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |                               |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)   |  | 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 Feb 15, 1954, to Feb 20, 1955, that I last saw the deceased alive on Feb 17, 1955, and that death occurred at 6:42 P.M., from the causes and on the date stated above. |  |   |                               |   |  |   |  |
| 23a. SIGNATURE James E. Cratten (Degree or title) Dr James E. Cratten D.O.  |  |   |                               | 23b. ADDRESS 3119 Troost St.  |  | 23c. DATE SIGNED Feb. 21, 1955  |  |
| 24a. BURIAL CREMATION-REMOVAL (Specify) Burial  |  | 24b. DATE Feb 22, 1955  |                               | 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON Cem. Kansas City, Missouri  |  | 24d. LOCATION (City, town, or county) (State)   |  |
| DATE REC'D BY LOCAL REG. 2-22-55  |  | REGISTRAR'S SIGNATURE new minshall  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 1391 [Address]   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

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 *Richard L. Rogers*

Licensed Embalmer No. 4953

P. O. Address *K.C.M.*

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.