

FILED SEP 11 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26771
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3544

health, Welfare, Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank E. Day

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, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North East Hospital		Length of stay in lb 38 Yrs	d. STREET ADDRESS (If outside, give location) 3915 East 12 St Terrace		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle William Last Arnold			4. DATE OF DEATH Month Aug Day 13 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8 1887	9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Platte County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lade Arnold			14. MOTHER'S MAIDEN NAME Mary E. Berry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War No-1		16. SOCIAL SECURITY NO. one	17. INFORMANT Mable Arnold (wife) 3915 E 12 Ter. K.C. Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Virus Hepatitis					INTERVAL BETWEEN ONSET AND DEATH 8 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					0927
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) General Debility, Intestinal Obstruction					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in full on reverse side) Intestinal Obstruction				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from Aug 6 1956 to Aug 13, 1956 and last saw him him alive on Aug 12, 1956 Death occurred at 3110 1/2 St. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank E. Day, D.O. (Degree or title)		22b. ADDRESS 4314 E 9th, K.C. Mo		22c. DATE SIGNED 8-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 15-1956	23c. NAME OF CEMETERY OR CREMATORY Mount Washington		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home K.C. Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-14-56	26. REGISTRAR'S SIGNATURE Reva Marshall

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.....
J. Vigil

Licensed Embalmer No. 35

P. O. Address.....

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.