

Registration District No. \_\_\_\_\_ Primary Registration District No. **5369**

1. PLACE OF DEATH:

(a) County **Laviss**

(b) City or town **Sheridan Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**5 1/2 miles S. East of Altamont Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**  
(Specify whether years, months or days)

In this community **8 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clenton Dover 25**

(c) City or town **Cameron Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5 1/2 miles South of Altamont Mo.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary L. Arthur**

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **divorced**

6. (b) Name of husband or wife **J. M. Arthur** 6. (c) Age of husband or wife if alive **68** years

Birth date of deceased **Nov 15 1878**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**  
year **1945** hour \_\_\_\_\_ minute **230P.** M.

21. I hereby certify that I attended the deceased from **April 13**, 1945, to **April 20**, 1945;  
that I last saw h. w. alive on **April 20**, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: **central thrombosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years **66** Months **5** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **De Kalb Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Wm White Bradford**

13. Birthplace **De Kalb Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Tress**

15. Birthplace **no record** **Missouri 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nellie Courtney**

(b) Address **Cameron Mo.**

17. (a) **Burial** (b) Date thereof **4-22-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Christian Chapel**

18. (a) Signature of funeral director **Edmund J. Bond**

(b) Address **Cameron Mo.**

19. (a) **4-23-1945** (b) **A. O. Dickerson**  
(Date received local registrar) (Registrar's signature)

Major findings: **g20**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **D. John P. Tanner** (M. D. or other) \_\_\_\_\_

Address **Pattonburg, Mo.** Date signed **4-23-45**

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

108 K

RECEIVED  
District Health Officer No. 11,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

3960

Weymouth 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 this body is not embalmed, fact should be so stated above.