

DEC 19 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

40668

Do not use this space.

## 1. PLACE OF DEATH

(a) County Wright Registration District No. 9084549  
 (b) Township Mountain Grove Primary Registration District No. 6222 Registered No. 57  
 (c) City Mountain Grove (d) Street No. W. A. Public Square St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Mountain Grove, Mo. St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Never breathed, heart beat half hour

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mountain Grove  
 (STATE OR COUNTRY) Mo.

13. NAME Isa Newton Arnold

14. BIRTHPLACE (CITY OR TOWN) Moore  
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Isaiah Allen

16. BIRTHPLACE (CITY OR TOWN) Wright Co.  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Ms. Arnold, grandmother  
 (ADDRESS) Mountain Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friendship Ch. DATE 11-16-38

19. FUNERAL DIRECTOR (NAME) None  
 (ADDRESS)

20. FILED 11-28-38 Bernice Montgomery  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov. 14, 1938.

I last saw him alive on Nov. 14, 1938. Death is said

to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Stillborn. Never breathed but heart beat a half hour after birth. Appeared to be edema of thorax. Enlarged liver and glands of neck. Born at about eighth month.

Other contributory causes of importance:

Cause of above condition unknown.

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) A. L. Jones, M. D.

(Address) Mountain Grove, Mo.

STATEMENT OF EMBALMER  
CONTAINING DATA FOR  
INTERSTATE REGISTRATION

RECEIVED

District Health Officer No. 6,

District File Number 6-38-~~110~~ 763

Date Filed DEC 13 1938

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. \_\_\_\_\_

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 this body is not embalmed, above space should be left blank.