

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18779
Do not use this space.

REC'D JUN 20 1939

1. PLACE OF DEATH

(a) County Howard Registration District No. 978

(b) Township Wheaton Primary Registration District No. 5-5-97

(c) City _____ (d) Street No. _____ St.

(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 Immon Arnold

(a) Residence, No. Fayette mo. R.R. 5. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

72 4 _____ _____ _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Nov. '38 11. Total time (years) spent in this occupation 1867

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

FATHER

13. NAME Martin Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

MOTHER

15. MAIDEN NAME Melinda Jackson

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

17. INFORMANT (ADDRESS) Jessie Robinson Fayette mo. R.R. 5.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsdale DATE 5/23/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Plunkett new franklin mo.

20. FILED June 6, 1939 V. B. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 - 39 19

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to May 20, 1939

I last saw him alive on May 20, 1939 Death is said to have occurred on the date stated above, at 7:32 p.m.

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

Thrombosis
Pulmonary abscess in right lung

Other contributory causes of importance:
Fractured hip after effects of same

Date of onset May 11
about Nov 38

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry in home or in public place.

Manner of injury fall in home
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) J. C. Pritchard M. D.
329 (Address) Fayette, Missouri

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/17/39

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

H. L. Plait

Licensed Embalmer No.

3515

P. O. Address

New Franklin, 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, above space should be left blank.