

REC'D JUN 14 1939

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

18939
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 412
(b) Township Spring Primary Registration District No. 5570 Registered No.
(c) City Marion, Mo. (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) 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

655 Alice Rachel Arment
(a) Residence, No. Marion, 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 7 4. COLOR OR RACE Sk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1861

7. AGE YEARS 77 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Adair Co Mo

FATHER 13. NAME Josiah Keef

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME suburban

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) suburban

17. INFORMANT (ADDRESS) A. Arment
Marion, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack DATE May 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anderson & Son
Marion Mo

20. FILED 512, 1939 Charles E. Seale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY That I attended deceased from April 24, 1939, to May 2, 1939. I last saw h.e. alive on May 2, 1939. Death is said to have occurred on the date stated above, at 12:15 m.

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

Chronic Hypertension
92C
Date of onset

Other contributory causes of importance:
Bronchial Catarrh
Cholelithiasis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Alfred W. Benay, M. D. 6
372 (Address) Alfa Mo

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,

J. T. Anderson

....., or by

Registered Apprentice No. 2142, working under my personal supervision.

Signed

J. T. Anderson

Licensed Embalmer No. 2142

P. O. Address

Joplin, 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.