

K. E.—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

JUL 17 1939

22929
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township 1 Primary Registration District No. 3632
 (c) City Sedalia (d) Street No. _____ 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.

Registered No. 200 199

2. PRINT FULL NAME

(a) Residence, No. 422 W. Clay 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Arnold
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 86 MONTHS Unknown DAYS Unknown If LESS than 1 day, _____ hrs. _____ min.
 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. Self
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown 0
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown 9
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Shelton Arnold
Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sedalia Mo. DATE June 20 1939

19. FUNERAL DIRECTOR (NAME) J. D. Harrison
 (ADDRESS) 117 E. Jefferson St.

20. FILED 6-20-39 Mrs. Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939

22. I HEREBY CERTIFY That I attended deceased from May 26 - 1939, to 6-17 - 1939

I last saw her alive on 6-17 - 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Paralysis
g.f.h.

Other contributory causes of importance:

Paralysed apoplexy
(arteria Scleroma)

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) A. R. Maden M. D.
 (Address) 116 1/2 W. Main

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/13/39

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. D. Thompson

Licensed Embalmer No. 2172

P. O. Address Selah, Md

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.