

1939 JUL 18 1939

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

23455

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
(b) Township Jackson Primary Registration District No. 6124
(c) City Jackson (d) Street No. 6124 Registered No. _____
(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. _____ St. ☐ (If nonresident, give city or town and State)
654 Elsie Ventura Arnold

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1879
7. AGE YEARS 60 MONTHS 5 DAYS 11 LESS than 1 day, _____ hrs. or _____ 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. Housework
10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation all
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.
13. NAME William Sloan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Louisa Fightmaster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Tom Arnold Newton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville, Mo. DATE June 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Samuel Devero Unionville, Mo.
20. FILED June 20, 1939 Leo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939
22. I HEREBY CERTIFY that I attended deceased from 1/30 1939 to June 16 1939
I last saw him alive on June 15 1939. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Endometrium Date of onset 10/1/38
Other contributory causes of importance: Arteriosclerosis 11/1/39
Name of operation Physician Date of _____
What test confirmed diagnosis Physician 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 _____, 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? no
If so, specify _____
(Signed) W. H. Harris M.D.
(Address) Harris, Mo.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1304

Date Filed JUL 15 1939

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

James W. Comstock

Registered Apprentice No. 132, working under my personal supervision.

Signed

John W. Comstock

Licensed Embalmer No. 3891

P. O. Address

Unionville, 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.