

1260 AUG 19 1939

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

26624

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Mokey mo Primary Registration District No. 3034
(c) City Mokey mo (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.

2. PRINT FULL NAME

(a) Residence, No. 654 Boy Arnold St. Fish Ave
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mallie Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 15 - 1887
7. AGE YEARS 52 MONTHS - DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) mo
13. NAME Moses Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
15. MAIDEN NAME Eula Mae Jumper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
17. INFORMANT Mallie Arnold (ADDRESS) Mokey mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mokey mo DATE July 17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John H. Can mo
20. FILED July 17, 1939 Paul Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 14 - 1939
22. I HEREBY CERTIFY That I attended deceased from July - 17 - 1939 to July - 14 - 1939
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Other contributory causes of importance:
Chronic Interstitial Nephritis
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical symptoms 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? No
If so, specify _____
(Signed) E. H. Spradler, M. D.
(Address) Mokey mo

MAY 19 1945

RECEIVED

District Health Officer No. 10

District File Number 8-29-1438

Date Filed AUG 9 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.....

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

Signed.....

R L Carr

Licensed Embalmer No. 3191

P. O. Address 417 N 5th St

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.