

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

33651

Do not use this space.

1. PLACE OF DEATH

(a) County Scott 2 Registration District No. 817
 (b) Township Commerce 1 Primary Registration District No. 6 Registered No. _____
 (c) City Commerce (d) Street 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

654 George Washington Arnold
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd 1960

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Covington, Ky.
Creston, Mo.

13. NAME Wm. C. Arnold - 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Christina Arnold
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, New York

17. INFORMANT (ADDRESS) Geo. J. Arnold
Incell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 21st 1939

19. FUNERAL DIRECTOR (ADDRESS) Bispling Hoff
Ill Mo - Mo

20. FILED Sept 21 1939 Mrs Addie Held
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19th 39

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7th 1939, to Sept 19th 39.
 I last saw him alive on Sept. 14, 39. Death is said to have occurred on the date stated above, at 8 p.m.

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

Chronic Myocarditis
age
 Date of onset _____

Other contributory causes of importance:
Senility

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

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) _____ M. D.

(Address) Ill Mo - Mo

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.

RECEIVED

District Health Officer No. 2,

District File Number ~~70-39~~ 246

Date Filed ~~10-2~~

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)