

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Mitchell
State File No. 43270
Registrar's No. 47

AN 17 1941

Registration District No. 289

Primary Registration District No. 289 4173

Registrar's No. 47

1. PLACE OF DEATH
(a) County. Dunklin 2
(b) City or town. Malden, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo. (b) County. Dunklin
(c) City or town. Malden, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Kimball
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles M. Arnold
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriet Add 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased. Dec 8 1851
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 6 If less than one day hr. min.

9. Birthplace. Covington, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name. Moses Arnold
13. Birthplace Ohio, O. (City, town, or county) (State or foreign country)

14. Maiden name Cantelmon
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. James Hodge
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof DEC 15 39
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Mortex, Mo.

18. (a) Signature of funeral director Allen Elin
(b) Address Sikeston, Mo.

19. (a) 12-21-39 (b) S. E. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1939 hour 1:30 minute _____ M.
21. I hereby certify that I attended the deceased from 12/13/39, 19____, to 12/14/39, 19____; that I last saw him alive on 12/13/39 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 10 days

Due to _____
Due to _____

Other conditions Anhydramia (Include pregnancy within 3 months of death) 4 days

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. E. Mitchell (M. D. or other) _____
Address Malden, Mo. Date signed 12/22/39

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. 3,

District File Number 140-7

Date 1-5-40

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, on Dec 14

....., Registered Apprentice No.

working under my personal supervision.

Signed Walter Ellis

Licensed Embalmer No. 3869

P.O. Address Sikeston, 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.