

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10106

Registration District No. 49 Primary Registration District No. 5077 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrain Rural
(c) Name of hospital or institution:

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida M. Arnold

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eugene Arnold 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 3 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Jeffersonville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Jahu Bush 13. Birthplace Unk Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Susanna J. Vaughn 15. Birthplace Unk Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Sigal Arnold (b) Address Adrain Missouri

17. (a) Burial (b) Date thereof 3-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Arthur J. Mangels (b) Address Amsterdam Mo

19. (a) 3-12-40 (b) Merrell Kupper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrain Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 4 minute 40 8 M.

21. I hereby certify that I attended the deceased from 3-29-40 to 3-30-40
that I last saw him alive on 3-6-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bronchial

Due to Pneumonia

Due to 1070'

Other conditions 1070'
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 E. E. Robinson (M. D. or other) 1
Address Adrain Mo Date signed 3-12-40

RECEIVED
District Health Officer No. 7,
District File Number 4-40-653
Date Filed 4-12-40

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, or by.....

L.A. Mangold....., Registered Apprentice No.....
working under my personal supervision.

Signed Lee P. Mangold
Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.