

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11982

State File No. _____

Registration District No. 168

Primary Registration District No. 3092

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
118 1/2 West 3rd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Finis Arnold 654

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased May 12 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 4 If less than one day
hr. min.

9. Birthplace Rocheport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James T. Arnold

13. Birthplace Rocheport Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sara Ellen Donnohue

15. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. F. Arnold

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 3-17-1940 (b) Wm. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits write "RURAL")

(d) Street No. 118 1/2 West 3rd St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1940 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 1
1939 to March 16 1940

that I last saw him alive on Mar. 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Epithelioma, lower lip
with metastasis regional
Due to of general

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Epithelioma metastasis
atrophic Testicles. Enterocolitis

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? _____

23. Signature J. M. Rodman (M. D. or other) !
Address 312 1/2 Olympic Bldg Date signed 3-17-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
4
4

RECEIVED
District Health Officer No. 8,
District File Number 11-11-70
Date Filed

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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Sidalia, 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.