

23 1940

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 63

1. PLACE OF DEATH:

(a) County St. Francois Co.
 (b) City or town Near Farmington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 yr. 5 mo. 2 da.
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Babe Arnett 653
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Single years
 7. Birth date of deceased 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 Un. Un. hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name " (City, town, or county) (State or foreign country)
 15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof March 19, '40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery of State Hospt. #4

18. (a) Signature of funeral director C. Hugo Cozean

(b) Address Farmington, Mo.

19. (a) March 19, 40 (b) B. Robinson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Steelville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1940 hour 10:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from
9-21, 1938, to 3-15, 1940
 that I last saw her alive on 3-15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia terminal Duration 3 days
 Due to Generalized arteriosclerosis W Byers
 Due to _____
 Other conditions Mental deficiency Life
 (Include pregnancy within 3 months of death) with secondary epilepsy
 Major findings: _____
 Of operations _____

Of autopsy Bronchopneumonia; small mural tumor, et side.
 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)
 (c) Means of injury _____

23. Signature Paul J. Schrader (M. D. or other) NO
 Address Farmington, Mo. Date signed 3-28-40

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.....

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

Signed..... Not embalmed.....

Licensed Embalmer No.....

P. O. Address.....

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.