

Registration District No. 609

Primary Registration District No. 4363

State File No. _____

Registrar's No. 57

1. PLACE OF DEATH:

(a) County NEWTON
 (b) City or town NEOSHO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SALE-BOWMAN HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 WEEKS
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME NANNIE ARNOLD 654

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 _____ years

7. Birth date of deceased MARCH 22 1874
 (Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days 21 If less than one day hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name ALLEN ARNOLD

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

14. Maiden name ELIZA BRANCH

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

16. (a) Informant's own signature Mrs. M. H. Ryan

(b) Address NEOSHO MISSOURI

17. (a) REMOVAL (b) Date thereof Apr 14 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Missouri

18. (a) Signature of funeral director J. B. ...

(b) Address Neosho Mo 6543

19. (a) Apr 13 1940 (b) Ursula Salemill
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
 (c) City or town NEOSHO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 439 SOUTH VALLEY
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12
 year 1940 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov. 5, 1939 to April 12, 1940
 that I last saw her alive on April 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic coma

Due to Chronic endocarditis Interstitial nephritis Hypertension About 4 mon.

Due to _____

Other conditions 121
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Ursula A. Sale (M. D. or other) _____
 Address Neosho, Mo. Date signed 4/13/40

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.

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 540-1287

Date Filed MAY 13 1940

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.....

Donald Reel

Registered Apprentice No. 202

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. 2689

P. O. Address Reels 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.