

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16359

Do not use this space.

1. PLACE OF DEATH

(a) County Wes Registration District No. 568
 (b) Township Sherrill Primary Registration District No. 6149 Registered No. 13
 (c) City Licking (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 655 Mark V Arms St. (If nonresident, give city or town and State)
Texas County - small (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.W. Arms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 31
 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

FATHER 13. NAME Geo. Danewood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Huldz. Wolfenbarger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) A. M. Hieble
Licking Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Donnell 4/15/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson
Licking Mo

20. FILED 4-14-1940 Doth. Need Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1939, to Apr 14, 1940
 I last saw h. w. alive on Mar 25, 1940. Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

Other contributory causes of importance:

9 Chronic nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. J. Randall, M. D.
 (Address) Licking Mo

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.

RECEIVED

District Health Officer No. 8,

District File Number 540556

Date Filed 5/16/40

Signed

Robert Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.