

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Hiram Arnold 654

8. (b) If veteran, name war ✓ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased September 10, 1889  
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Huron South Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 12 years

11. Industry or business Formerly operated Restaurant

MOTHER FATHER { 12. Name Sylvester Arnold

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

14. Maiden name Rosalee Miller

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

16. (a) Informant Lena Arnold

(b) Address 1023 North 18th, St. Joseph, Mo.

17. (a) burial (b) Date thereof May 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

St. (c) Place of burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) May 6 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1023 North 18th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 25-40  
1940 to May 3 1940  
that I last saw him alive on May 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Hypertensio plus  
Coronary Occlusion  
Stomachic Nephritis  
Medium of Lung

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations \_\_\_\_\_  
Of autopsy yes

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? 85

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Walter Meierhoffer (M. D. or other) 1  
Address Kirkpatrick Bldg. Date signed 5-4-40

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

**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.....

*A. D. Kelly*

Licensed Embalmer No. *Mo. 3946*

P. O. Address: *St. Joseph, Missouri*

**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.**

*Handwritten notes on the right margin, including a signature.*