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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19170

State File No. _____

JUN 13 1940

Registration District No. 114

Primary Registration District No. 5867

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pemscot

(b) City or town Rural - Butler Mo.
(If outside city or town limits, write "RURAL" and name of township)

Name of hospital or institution 5 miles S.E. of Portageville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 30 years

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot

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

(d) Street No. 5 miles S.E. of Portageville Mo.
(If rural, give location)

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

8. (a) PRINT FULL NAME KATIE COURTSOW ARBIE

8. (b) If veteran, name war N

8. (c) Social Security No. 620 X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Allen Arbie

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

7. Birth date of deceased May 5, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 0 10 hr. _____ min

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

10. Usual occupation House work

11. Industry or business at home

12. Name Bess Courtsow

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

14. Maiden name Agie

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

16. (a) Informant Mrs. Veda Bush

(b) Address R-2, Portageville, Mo.

17. (a) Burial (b) Date of burial 5/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director La Dargat Und Co

(b) Address Carrollton, Mo.

19. (a) May 28 1940 Mary W. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1st, 1940, to May 2 40, 19____;
that I last saw her alive on March 28th, 40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to _____

Due to _____

Other conditions Metastasis due to cancer
(Include pregnancy within 3 months of death)

Major findings: No other cause.

Of operations No operation

Of autopsy No

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? _____

5 While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. A. Fisher (M. D. or other) _____
Address Portageville, Mo. Date signed 5/18/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Handwritten notes, possibly "negative" and "to be sealed"

Handwritten notes, possibly "with license"

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 J. W. Schuman
Licensed Embalmer No. 4086
P. O. Address Croftonville, Md.

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.