

FILED JUL 15 1940

Registration District No. 157

Primary Registration District No. 4096

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill mo
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
In this community 50 years
years, months or days).

3. (a) PRINT FULL NAME Margaret Ann McArthur

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sherman McArthur 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 16 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Boon Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business 1

12. Name Magnus M. Chandler

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

14. Maiden name Sarah Brackley

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

16. (a) Informant Sherman McArthur

(b) Address Pleasant Hill

17. (a) Buried (b) Date thereof July 1 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Geo Brown

(b) Address Pleasant Hill mo

19. (a) 7-1-40 (b) Miss Ethel Aldridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Cass
(c) City or town Pleasant Hill
(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 June day 29
year 1940 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from 1930 19 _____ to June 29 1940
that I last saw her alive on June 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension + arterio-sclerosis
Due to _____

Other conditions 87 W
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. J. Murawski (M. D. or other) _____
Address Pleasant Hill, Mo Date signed 7/1/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

9
0
0

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.....

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

Signed A. W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.