

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22226

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all her life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Susie A. Arnett 630
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race W
6. (a) Name of husband or wife John Arnett
6. (b) Age of husband or wife if alive Deed years
7. Birth date of deceased August 30 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 26
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Barney A. Bennett
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Campbell
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Loren Blockman
(b) Address 820 1/2 Ave. St. Macon 272

17. (a) Burial (b) Date thereof 6-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor

18. (a) Signature of funeral director Stephens & Gooding
(b) Address Macon, Mo.

19. (a) 7/6/40 (b) Seola Hunter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No. So. Rukey
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 5 minute 05 P. M.
21. I hereby certify that I attended the deceased from June 20
1940, to June 26 1940
that I last saw him alive on June 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to 87 W

Other conditions None
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Seward Miller (M. D. or other)
Address Macon, Mo. Date signed July 6, 1940

RECEIVED

District Health Officer No. 10

District File Number 7-40-1364

Date Filed JUL 8 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.....

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

Signed Ch. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.