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STANDARD CERTIFICATE OF DEATH

25130

State File No. _____

Registrar's No. 73

FILED AUG 3 1940

FILED AUG 29 1940

Registration District No. _____

Primary Registration District No. 5414

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

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington, Mo., R. #1, St. John's
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) R. #1, E.

(d) Length of stay: In hospital or institution No.
(Specify whether _____)

In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. R. #1 E.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Arnold. 654

3. (b) If veteran, name war X 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 Wilhelmina C. Arnold. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 19th, 1866.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>8</u>	hr. <u>X</u> min.

9. Birthplace Lyon, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

11. Industry or business X

12. Name Andrews Arnold.

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

14. Maiden name Miss Harriet. (first name unknown)

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

16. (a) Informant Edward Arnold
(b) Address Washington, Mo. R. #1, E.

17. (a) Burial. (b) Date thereof July 30, 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. A. May
(b) Address Washington, Mo.

19. (a) July 29, 1940 (b) H. A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.
year 1940. hour 6:00 minute 45 P. A. M.

21. I hereby certify that I attended the deceased from February 2, 1940 to July 27, 1940.

that I last saw him alive on July 27, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Limitic plastica Duration 1 year

Due to _____

Due to _____

Other conditions _____
(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? 270

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

23. Signature H. A. May (M. D. or other) MD

Address Washington, Mo. Date signed 7/29/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

Cirrhosis of Stomach ^{PT.}

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

A. F. Weber

Licensed Embalmer No.

2387

P. O. Address.....

Washington, 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, fact should be so stated above.