

FILED OCT 23 1940

State File No. \_\_\_\_\_

Registration District No. 266

Primary Registration District No. 5389

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Meramec Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXX 2  
In this community 41 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Meramec Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXX  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? XXXX years.

3. (a) PRINT FULL NAME Arlena Josephine McCall

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

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

6. (b) Name of husband or wife Nahum Lyman McCall 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased 10/25/33  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 11 5 hr. min.

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

10. Usual occupation housewife

11. Industry or business XXXX 1

12. Name Francis Walker

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

14. Maiden name Elisabeth Short

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

16. (a) Informant L A McCall

(b) Address Salem Mo

17. (a) burial (b) Date thereof 10/2/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo Mo

18. (a) Signature of funeral director Carl Spencer

(b) Address Salem Mo

19. (a) October 2, 1940 (b) F E Smith MD.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1940 hour 1840 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 16/1940  
to September 30 1940  
that I last saw her alive on September 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Arteriosclerosis and  
Embolus of right leg  
Due to Edema Dentitis

Duration  
Sept 16-30  
9-28-40  
9-12-40

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

23. Signature F E Smith MD. (M. D. or other) MD.  
Address Salem Missouri Date signed 10-2-40

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

RECEIVED

District Health Officer No. 5,

District File Number 10461004

Date Filed \_\_\_\_\_

**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

*Wm. W. McDonald*

Licensed Embalmer No.

*3806*

P. O. Address

*Salem, Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.