

FILED DEC 16 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38460  
Do not use this space.

1. PLACE OF DEATH  
(a) County Clark Registration District No. 192  
(b) Township West Home Primary Registration District No. 5267  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Marion Cecil  
(a) Residence, No. Clark Co., Mo. Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Widowed  
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF Jennie Cecil OR WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1873  
7. AGE YEARS 67 MONTHS \_\_\_\_\_ DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Common labor  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo.  
13. NAME Warren Cecil  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Lucinda Courtney  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Va.  
17. INFORMANT Harold Cecil (ADDRESS) Rivers Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Citizens Mo. DATE Nov 17 1940  
19. FUNERAL DIRECTOR G. W. Spherhart (ADDRESS) Rivers Mo.  
20. FILED Nov 16 1940 J. L. McQuinn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1940  
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1940 to Nov 16, 1940  
I last saw him on Nov 15, 1940 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 721  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. L. McQuinn M.D.  
(Address) Rivers Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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RECEIVED

District Health Officer No. 10

District File Number 12-40-2821

Date Filed DEC 13 1940

STATEMENT BY LICENSED EMBALMER

I, G. M. Epperhart, Licensed Embalmer No. 1802

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed G. M. Epperhart

Licensed Embalmer No. 1802

**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.)**