

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

State File No. **39095**

DEC 16 1940

Registration District No. **477**

Primary Registration District No. **4290**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **LEWIS COUNTY**  
(b) City or town **LEWISTOWN**  
(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) **2**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME

**Cora Roberts Arnold**

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex **FEMALE**

5. Color or  
race **White**

6. (a) Single, widowed, married,  
divorced **Widowed**

6. (b) Name of husband or wife

**William L. Arnold**

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

**March**  
(Month)

**22 1865**  
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**75**

**8**

**1**

hr. \_\_\_\_\_ min.

9. Birthplace

**LEWISTOWN**  
(City, town, or county)

**MISSOURI**  
(State or foreign country)

10. Usual occupation

**At Home**

11. Industry or business

MOTHER, FATHER

12. Name

**Benson Roberts**

13. Birthplace

**Cincinnati Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name

**Mary Blair**

15. Birthplace

**Penn**  
(City, town, or county)

**Penn**  
(State or foreign country)

16. (a) Informant's own signature

**W. L. Arnold**

(b) Address

**Chicago, Ill.**

17. (a)

**Burial**  
(Burial, cremation, or removal)

(b) Date thereof

**11/25/40**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Lewistown Mo**

18. (a) Signature of funeral director

**James A. Lodes**

(b) Address

**Lewistown Mo**

19. (a)

**Nov. 26, 1940**  
(Date received local registrar)

(b)

**J. W. Jennings M.D.**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **LEWIS**

(c) City or town **LEWISTOWN**  
(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 **Nov** day **25**

year **1940** hour **5 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 21**

19**38**, to **Nov 25**, 19**40**;

that I last saw her alive on **Nov 22**, 19**40**;

and that death occurred on the date and hour stated above.

Immediate cause of death

**Senility and  
Simple Dementia**

Duration

**years**

Due to

Due to

Other conditions **Bladder Irritation & Incontinence By Med**

(Include pregnancy within 3 months of death)

Major findings:

Of operations **No**

Of autopsy **No**

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

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 \_\_\_\_\_

28. Signature **Harry S. M. Crocker** (M. D. or other) **Do.**

Address **Lewistown Mo** Date signed **Nov 25**

RECEIVED

District Health Officer No. 10

District File Number 12-40-2299

Date Filed DEC 13 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.....

working under my personal supervision.

Signed.....

*My Self*  
Registered Apprentice No.....

Licensed Embalmer No. 2537

P. O. Address Lewistown, Pa.

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.