

FILED FEB 14 1941

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

2204
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 176
(b) Township Cunningham Primary Registration District No. 4705
(c) City Sumner (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Brady Arnold

(a) Residence, No. Sumner, Missouri St. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Emma Ellen Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1st, 1870
7. AGE YEARS 70 MONTHS 5 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grain Dealer
9. Industry or business in which work was done, as saw mill, bank, etc. No social security number
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mt. Auburn, Illinois (STATE OR COUNTRY)

13. NAME Lemuel D. Arnold
14. BIRTHPLACE (CITY OR TOWN) Moundsville, West Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Sarah E. Davis
16. BIRTHPLACE (CITY OR TOWN) Near Mt. Auburn, Illinois (STATE OR COUNTRY)

17. INFORMANT Henry Clay Garrett (ADDRESS) Sumner, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeside Cemetery Jan. 5, 1941

19. FUNERAL DIRECTOR (NAME) Leipard Funeral Service (ADDRESS) Sumner, Missouri

20. FILE Jan 9 1941 Reed Stever Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1940, to Jan 3 1941
I last saw him alive on Jan 2 1941. Death is said to have occurred on the date stated above, at 8:45 am.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis followed by myocarditis 2d attack
Frequent attacks Angina pectoris after Had sudden collapse while up at stool from cardiac muscle failure
Other contributory causes of importance: Arteriosclerosis and numerous thromboses in legs, foot & arm (Right)

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms only Was there an autopsy? No

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
I certify _____ (Signed) John Hardy M. D.
835 (Address) Sumner Mo

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.

DECLASSIFIED

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-10-67

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, Howard

A. Cooper

or by

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

Signed

Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address Sumner, Missouri

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.