No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3210

Registration District No. 474 Primary Registration District No. 5638 Registrar's No.

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Ash Grove Mo R 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Ozark Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence - 55
(c) City or town Ash Grove, Mo. R3. 0
(If outside city or town limits, write "RURAL")
(d) Street No. - Rural - Ozark Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice May Arnett -
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. F. Arnett -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 30 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	9	hr. min.

9. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife -
11. Industry or business General Housekeeping
FATHER
12. Name William Cameron
13. Birthplace Tenn (City, town, or county) Tenn. (State or foreign country) 1
MOTHER
14. Maiden name Sarah Paris
15. Birthplace Tenn. (City, town, or county) Tenn. (State or foreign country) 1
16. (a) Informant Norma Arnett.
(b) Address Ash Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 11 (Day) 1940 (Year)
(c) Place: burial or cremation Johns Chapel.
18. (a) Signature of funeral director Gene A Brim 1105
(b) Address Ash Grove. Mo. 16
19. (a) 11-11-1940 (Date received local registrar) (b) Mrs Anna Wilkerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1940 hour 5 A.M. minute M.
21. I hereby certify that I attended the deceased from Nov 9, 1940 to Nov 9, 1940
that I last saw h alive on not alive, 19
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Sudden death
Due to Coronary Disease
Due to 940
Other conditions High Blood Pressure
(Include pregnancy within 3 months of death)
Major findings:
Of operations Reported to Coronor of Lawrence Co.
Of autopsy —

Duration

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 Dr Charles H. Orr (M. D. or other) D. Mp
Address Ash Grove, Mo Date signed 11/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 40-12-107
Date Filed 10/17/

RECEIVED
District Health Officer No. 6,
District File Number 141-159
Date Filed JAN 28 1941

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 [illegible]

Licensed Embalmer No. 26 [illegible]

P. O. Address Walnut Grove, Mo.

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

If this body is not embalmed, fact should be so stated above.