

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4059

State File No. _____

DIED FEB 25 1941

Registration District No. 1.54

Primary Registration District No. 5990

Registrar's No. 1463

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles south of Fairbury
(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
years, months or days _____

3. (a) PRINT FULL NAME MARGARET ELIZABETH ARNOLD

8. (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 M.C. Arnold 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 25 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business:

MOTHER FATHER { 12. Name John Powers
13. Birthplace (unk) Tenn (?)
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Shroad

(b) Address Harrell, Mo.

17. (a) Burial (b) Date thereof 1-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnold Cem.

18. (a) Signature of funeral director Missie Fish

(b) Address Harrell, Mo.

19. (a) 15 1941 (b) Harrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles south of Fairbury
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 7:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 8, 1941,
that I last saw him alive on Jan 7, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia

Due to Bronchitis

Due to 107

Other conditions seizure
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

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?
675 (Specify type of place) _____

While at work? _____ (Means of injury) _____

23. Signature Harrell (M. D. or other) D

Address Harrell Date signed 1/8/41

RECEIVED

District Health Officer No. 5,

District File Number 241241

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

Bryan C Mc Cord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo

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.