

1940 FEB 25 1941  
Registration District No. 4

Primary Registration District No. 5995

State File No. \_\_\_\_\_

Registrar's No. 1461

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Fairdeal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Washington 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME JERRY JOE ARNOLD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 11 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 4 Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fairdeal Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Frank Arnold

13. Birthplace Tex  
(City, town, or county) (State or foreign country)

14. Maiden name Vergie Dunlap

15. Birthplace Ripley Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Arnold

(b) Address Fairdeal Mo.

17. (a) Burial (b) Date thereof Jan 16 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdeal

18. (a) Signature of funeral director Missie J. Smith

(b) Address Naylor Mo.

19. (a) 1/14 1941 (b) STEINBULT  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley  
(c) City or town Fairdeal  
(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 Jan day 15  
year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 11, 1941, to Jan 15, 1941;  
that I last saw him alive on Jan 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to difficult birth

Due to large child

Other conditions. 16  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Frank Arnold (M. D. or other) 0

Address Naylor Mo. Date signed 1/16 41

RECEIVED

District Health Officer No. 5,

District File Number 241242

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, fact should be so stated above.**