

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11628**

APR 10 1941

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **105**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(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 **Alfred Arthur Arnold**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-07-6054**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ada Arnold** 6. (c) Age of husband or wife if alive **18** years

7. Birth date of deceased **Aug. 15-1909**
(Month) (Day) (Year)

8. AGE: Years **31** Months **7** Days **8** If less than one day hr. _____ min. _____

9. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business **Garage**

12. Name **Elmer Arnold**

13. Birthplace **Iberia Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **May Thornsherry**

15. Birthplace **Cabool Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Arnold**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mem. Park**

18. (a) Signature of funeral director **Gillespie Funeral Home Sedalia, Mo.**

(b) Address _____

19. (a) **3-25-41** (b) **Ms. Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1004 E 3rd**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23** year **1941** hour **about 4** minute **25 PM**

21. I hereby certify that I attended the deceased from **11:00 PM 3/22** to **March 22** 19 **about 4:25 AM 3/23/41**
that I last saw him alive on **March 23 A.M.** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Epileptic convulsions. Status epilepticus. Many seizures.**
Due to **Seizures**

Other conditions **Position in room, etc.**
(Including pregnancy, within 3 months of death)
Major findings: **No history of previous attacks - 1st convulsion - were true epileptic seizures.**

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) **No.**
(b) Date of occurrence **Signed in 1939.**
(c) Where did injury occur? **On highway** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway (Specify type of place) (City or town) (County) (State)
While at work? **No** (Specify type of work) (City or town) (County) (State)
Signature **Ms. Harry Sneed** Date signed **3/24/41**
Address **Sedalia, Mo.**

Autopsy: showed no brain pathology
Patient had never before had a con-
vulsion as far as I am able to ascertain
His father did say that 2 or 3 years ago
he was found on the front porch of
his home in a semi-conscious
condition

Am informed the Wasserman Test
made at time of examination of
draft examination showed a positive
Wasserman. C.B.G.

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.....

Geo. Dillard

Licensed Embalmer No. 8868

P. O. Address.....

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

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

8.

RECEIVED
Official No. 8.