

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.

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

Do not use this space.

FILED MAY 21 1944

15457  
668  
117

1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia (No. 1)

Registration District No. 668  
Primary Registration District No. 3032

File No. 15457  
Registered No. 668  
St. 117 Ward

2. FULL NAME

Florence May Arnes

(a) Residence, No. 1321514 St. 1 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 71 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Topeka (STATE OR COUNTRY) Kansas

MOTHER 13. NAME William J. Cornwell

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Nettie Cooper

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT H. A. Arnes (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crown Hill DATE April 8 1944

19. UNDERTAKER M. Laughlin (ADDRESS) Sedalia Mo

20. FILED April 8, 1944 Mrs. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from wound by a coroner 4-8-1941  
I last saw him alive on 4-8-1941, 19 1941 Death is said to have occurred on the date stated above, at 1310 m.

The principal cause of death and related causes of importance were as follows:

Body found probably  
Several weeks after death  
autopsy should reveal  
heart disease + arteriosclerosis  
nephritis chronic  
Other contributory causes of importance:

Name of operation ✓ Date of 1310

What test confirmed diagnosis? ✓ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury 4-8-1941  
Where did injury occur? 1310 (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  
If so, specify no

(Signed) H. A. Arnes (Address) Sedalia Mo

(Signed) M. T. Bishop (Address) Sedalia Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
5-19-41  
Date Filed