

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18483
Registrar's No. 17

Registration District No. 595

Primary Registration District No. 4353

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME IDA ARNOLD

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife William H. Arnold 6. (c) Age of husband or wife if 75 years
7. Birth date of deceased Feb 8 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 7 If less than one day - hr. - min.

9. Birthplace Montgomery Co. () (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business -

12. Name George Bruce
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Sarah Whitehead
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant W H Arnold

(b) Address Wellsville Mo

17. (a) Burial (b) Date thereof May 17 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director F. P. Risher

(b) Address Wellsville Mo

19. (a) May 17 - 1941 (b) Mrs. Mike McDermott (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Wellsville (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1941 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1930
to MAY 15 1941
that I last saw her alive on May 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart - Myocardial Sclerosis? Hypertension? with Coronary Atherosclerosis of Left Ventricle with Myocardial Infarction
Other conditions Arteriosclerotic degenerative?
(Include pregnancy within 3 months of death)

Major findings: Of operations 1 50
Of autopsy -
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? -

525 (Specify type of place) While at work? - (e) Means of injury -

23. Signature A. G. Markovich (Date) May 17 1941
Address Wellsville Mo Date signed 5/17/41

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

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.