

S. No. 2
-11-10-39
-5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32761

Registration District No. 839 Primary Registration District No. 4510 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Essex
(c) Name of hospital or institution:
(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
8. (a) PRINT FULL NAME William Newton Arnold
8. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula E Arnold 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 23, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repairing

11. Industry or business
12. Name Charles M. Arnold
13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Laura Woodward
15. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clavel Arnold
(b) Address Essex Mo

17. (a) Burial (b) Date thereof Aug 5, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Watson Funt
(b) Address Dexter St. J. Lawson

19. (a) 8-3-41 (b) J. P. Lawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Essex
(If outside city or town limits write "RURAL")
(d) Street No. C (If rural, give location)
(e) If foreign born, how long in U. S. A. ? ✓ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 3rd, year 1941 - hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 19 - 1941 to Aug 3, 1941 that I last saw him alive on Aug 3 of 41 and the death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Persepsis
Due to Arteriosclerosis
Other conditions (include pregnancy within 6 months of death)
Major findings: ✓ 94B
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?
While at work? ✓ (Specify type of place) (e) Means of injury

23. Signature J. P. Lawson (M. D. or other)
Address Essex Mo Date signed

Duration 7/19/41
PHYSICIAN

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

103
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RECEIVED

District Health Office No. 2,

District File Number 941-1321

Date Filed 9/26/41

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 B. J. Brentlinger

Licensed Embalmer No. H 2011

P. O. Address. Dexter, 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.