

S. No. 2  
1-14-41  
5-17-39  
K25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35471**  
Registrar's No. **0**

Registration District No. **327**

Primary Registration District No. **5703**

1. PLACE OF DEATH:

(a) County **MASON**  
(b) City or town **KEOTA**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **ONE YEAR 12 MONTHS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MASON** **061**  
(c) City or town **KEOTA**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **—** (If rural, give location)  
(e) Citizen of foreign country? **—** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **ARNOLD EUGENE HARRY**

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 **SINGLE**

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

7. Birth date of deceased **AUGUST 31, 1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 2 0** hr. min.

9. Birthplace **KEOTA MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **—**

11. Industry or business **—**

MOTHER FATHER { 12. Name **HIRAM HARRY**

13. Birthplace **KEOTA MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **DOLLIE MAY MOODY**

15. Birthplace **ELMER MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hiram Hardy**

(b) Address **Keota, Missouri**

17. (a) **BURIAL** (Burial, ~~cremation~~) (b) Date thereof **11-3-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **CONCORD CHURCH CEMETERY**

18. (a) Signature of funeral director **H.S. Edwards**

(b) Address **Bevier Mo.**

19. (a) **11-5-1941** (Date received local registrar) (b) **Edw. Hinson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **1**  
year **1941** hour **7** minute **P.M.**

21. I hereby certify that I attended the deceased from **Aug. 26, 1941, to Sept. 1, 1941**  
that I last saw him alive on **Sept. 1, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **14 days**  
Due to **Pertussis** **5 weeks**

Due to **—**  
Other conditions **Anemia**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **9** PHYSICIAN **—**  
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? **—**

While at work? (Specify type of place) **—** (c) Means of injury **—**  
23. Signature **Dr. E. L. Edwards**  
Address **Bevier, Mo.** Date signed **11/3/41**

470 (Licensed Embalmer's Statement on Reverse Side)

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

061  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 11-41-2029

Date Filed NOV 13 1941

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.....

W. S. Edwards, Registered Apprentice No.....  
working under my personal supervision.

Signed W. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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, fact should be so stated above.