

FILED OCT 30 1941
Registration District No. _____

Primary Registration District No. 6070

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural (R. 1st land Hwy)
(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 _____ years, months or days

3. (a) PRINT FULL NAME Daniel Boone Arnold

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Andy Arnold

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Nancy Abney (State or foreign country)

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Williamson

(b) Address Bell City, Mo.

17. (a) Burial (b) Date thereof 10-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell City, Mo.

18. (a) Signature of funeral director H.J. Welsh

(b) Address Sikeston Mo.

19. (a) 10-28-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1941 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 10-12-41 to 10-24-41
that I last saw him alive on 10-24-41 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

Duration

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 _____
(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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) D
Address Sikeston, Mo. Date signed 10-28-41

142 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Raymond C. Cress

Licensed Embalmer No.....3467

P. O. Address. Sikeston, 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.