

FILED FEB 24 1942

Registration District No. **259**

Primary Registration District No. **4158**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **De Kalb**
(b) City or town **Maysville**
(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 **Eliza Jane Arnold**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James Arnold** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 15 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Not Known. Slave.**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Marion Carroll**
15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Thos Mc Donald**
(b) Address **Maysville Mo**

17. (a) **Burial** (b) Date thereof **1-29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Piquin Ridge**

18. (a) Signature of funeral director **Alphonse Chole**

(b) Address **Calo Mo**

19. (a) **1-29-42** (b) **Ethel H Power**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **De Kalb**
(c) City or town **Maysville**
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27**
year **1942** hour **7** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Dec 12**, 19**41**, to **January 27**, 19**42**

that I last saw him alive on **January 21**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver.**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **W. S. Hale** (M. D. or other) _____
Address **Osbourn** Date signed **1/27/42**

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. *1015*

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, above space should be left blank.