

FILED FEB 11 1948 STANDARD CERTIFICATE OF DEATH

State File No.

2875

Registration District No. 5-61

Primary Registration District No. 5-75-4330

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME

James Logan Arnel

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 9
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased June 27 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 26 - hr. - min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name James Arnel
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Cox
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Jolley
(b) Address Eldon Mo.

17. (a) Burial (b) Date thereof Jan 25 '42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wood Cem.

18. (a) Signature of funeral director Keith M. Jolley
(b) Address Eldon Mo.

19. (a) 1-24-1942 (b) J. D. Gorman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23
year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1
23 1942 to 1-23 1942
that I last saw him alive on 1-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Cerebral Hemorrhage
Duration 3 days
2 yrs

Due to -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) -
(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 E. C. Shelton (M. D. or other) M.D.
Address Eldon Date signed 1-24-42

1000 1215

RECEIVED
Miller County Health Dept.
County File Number 215142
Date Filed 4-2-7

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

Keith M. Gay

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.