

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7579**
Registrar's No. **30**

FILED MAR 16 1942
Registration District No. **35**

Primary Registration District No. **3034**

1. PLACE OF DEATH: **Randolph**
(a) County **Mo**
(b) City or town **Madison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Woodland**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days) **30 years**

3. (a) PRINT FULL NAME **CHRYCIE EDWARD ARNOLD**
3. (b) If veteran, name war **L**
3. (c) Social Security No. **L**

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **mar**
6. (b) Name of husband or wife **LUE ARNOLD**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **7 17 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **12**
If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

12. Name **Hank Arnold**

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

14. Maiden name **Sarah Fowles**

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

16. (a) Informant **H. B. Arnold**

(b) Address **215 S. William St**

17. (a) **Madison Mo** (b) Date thereof **Feb. 12-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Holledy**

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **Madison Mo**

19. (a) **2/10/42** (b) **Irma Rave**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Madison**
(If outside city or town limits, write "RURAL")
(d) Street No. **3**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **10**
year **1942** hour **8** minute **10** a.m.

21. I hereby certify that I attended the deceased from **Jan. 5**, 1942, to **Feb. 10**, 1942.
that I last saw him alive on **Feb. 10**, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Posterior enlargement of urinary system**
causing urinary retention & infection of urinary system.
Due to **1370**

Other conditions: **Amputation right lower extremity**
(Include pregnancy within 3 months of death)
account aseptic gangrene of foot. Began June 1941

Major findings: **all above**

Of operations **all above**

Of autopsy **L**

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? **X**
(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 **R.D. Street** (M. D. or other) **m.d.**

Address **Madison Mo** Date signed **Feb. 10/42**

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-352

Date Filed MAR 10 1942

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.....

Just G. Thompson, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Just G. Thompson
Licensed Embalmer No. 1420

P. O. Address Madison, 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.