

S. No. 2
A-1-4-41
7. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14527

State File No.

FILED MAY 14 1942

Registrar's No. 166

Registration District No. 177

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Reeds, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Arthur

3. (b) If veteran, name war None 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. July 8th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 13 hr. min.

9. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chemist

11. Industry or business _____

12. Name James W. Arthur

13. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachael E. Williams
(City, town, or county) (State or foreign country)

15. Birthplace Lawrence County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Loren Arthur

(b) Address Joplin, Missouri.

17. (a) Burial (b) Date thereof 4-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Third Garrison, Carthage, Mo.

19. (a) 4-22-42 (b) Gertrude Duckwetter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1942 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from April 18
to April 21, 1942
that I last saw him alive on April 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hematuria

Due to Purpura

Due to Prostate Hypertrophy

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

Major findings:
Of operations _____

Of autopsy 137a

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) _____

(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 [Signature] (M. D. or other) _____

Address [Address] Date signed 4/23/42

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

MOTHER FATHER

12.4

(Licensed Embalmer's Statement on Reverse Side)

42.4.417

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..... *John S. Deneke*.....
Licensed Embalmer No. **4194**.....

P. O. Address **Carthage, Missouri.**.....

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.