

FILED MAY 13 1942

Registration District No. 674

Primary Registration District No. 5816

Registrar's No. 267

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GRANBY TWP. 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73  
(c) City or town RURAL 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. GRANBY TWP  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME HUGH TAYLOR ARWOOD

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 MARRIED

6. (b) Name of husband or wife LILLIE RAY ARWOOD 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MAY 12 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN TAYLOR ARWOOD

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

14. Maiden name MARY DAVIS

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

16. (a) Informant Lillie D. Norwood

(b) Address Granby Mo. R#1

17. (a) Burial (b) Date thereof 4-13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aggel Green Cemetery

18. (a) Signature of funeral director Wiley Thompson

(b) Address Newho. Mo.

19. (a) April 4-42 (b) Lulu Norwood  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12  
year 1942 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from March 19  
1942 to April 11, 1942  
that I last saw him alive on April 11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pycloanephritis resulting in uremia Duration 3 1/2 weeks

Due to 1st. Incaza 10 days

Due to  
Other conditions (Include pregnancy within 3 months of death) 1330

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 Charles O. Chestnut M. D. or other D.  
Address Granby, Mo. Date signed 4/19/42

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

73  
00  
0

RECEIVED

District Health Officer No. 6,

District File Number 542-680

Date Filed MAY 12 1942

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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

*Andrew Forbis*

Licensed Embalmer No.

*3649*

P. O. Address

*Neosho, 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.