

FILED JUL 17 1942
Registration District No. 679

Primary Registration District No. 5108

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town near Greensboro Rural
(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 _____ (Specify whether)
In this community 15 years years, months or days

3. (a) PRINT FULL NAME

Arns Helen Arnold

3. (b) If veteran, name war No

3. (c) Social Security No. No

5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5, 1926
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business

12. Name Robert H. Arnold
13. Birthplace Near Greensboro Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Leana Mayfield
15. Birthplace Near Zelma Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert H. Arnold
(b) Address Zelma, Mo
17. (a) Burial (b) Date thereof June 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cato Cemetery, Mo

18. (a) Signature of funeral director W. H. Morgan
(b) Address Advance, Mo
19. (a) July 10, 1942 (b) Miss General Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger
(c) City or town Zelma Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 1, 1942
_____ 19____ to June 8, 1942
that I last saw him alive on June 8 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 130
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. Masters (M. D. or other) _____
Address Advance, Mo Date signed July 10, 1942

RECEIVED

District Health Officer No. 4

District File Number 742-829

Date Filed 7-13-41

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.....

Lloyd S. Morgan, Registered Apprentice No.
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address *Advance, 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.