

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22460

State File No.

FILED JUL 10 1942

Registration District No. 852

Primary Registration District No. 4518

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mamie Lee Arnold

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife M. Douglas Arnold (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 10 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 15
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name David A. Rinehart

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

14. Maiden name Mary Lyons

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

16. (a) Informant M. Douglas Arnold

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof June 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Milan

18. (a) Signature of funeral director Shoemaker

(b) Address Milan, Mo. Frank D.

19. (a) July 6 - 1942 (b) Mrs. L. D. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 15, 1941, to 6-25, 1942
that I last saw her alive on 6-25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus 28 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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. D. Simpson (M. D. or other) De

Address Milan, Mo. Date signed 6-30

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

81211 528

RECEIVED

District Health Officer No. 10

District File Number 7-42-1269

Date Filed JUL 9 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank D. Schoen

Licensed Embalmer No. 2916

P. O. Address Milan, W.

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.