

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24432

Registration District No. 284141

Primary Registration District No. 42273025

Registrar's No. 35

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **West Plains, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **34 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora G. Arnold**

3. (b) If veteran, name war **No.** 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Dr. J.T. Arnold** 6. (c) Age of husband or wife if alive, years **14** **1861**

7. Birth date of deceased **Dec.** (Month) **14** (Day) **1861** (Year)

8. AGE: Years **80** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Tompkinsville, Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James Patterson Conkin**

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

14. Maiden name **Hannah Howard Dickerson**

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

16. (a) Informant **Mrs. Chas. Bohrer**

(b) Address **West Plains, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/24/42** (Month) (Day) (Year)

(c) Place: burial or cremation **Oaklawn**

18. (a) Signature of funeral director **Mrs. L. E. Thorburgh**

(b) Address **West Plains, Mo.**

19. (a) **3-22-42** (Date received local registrar) (b) **W. H. Harker** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howell**
(c) City or town **West Plains, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **423W. Main** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22** year **1942** hour **8** minute **03** P. M.

21. I hereby certify that I attended the deceased from **March 14** to **March 22**, 1942
that I last saw her alive on **March 22**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertensive myocarditis**
Due to **general arteriosclerosis**
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. G. Bohrer** (M. D. or other)
Address **West Plains, Mo.** Date signed **3-22-42**

RECEIVED

District Health Officer No. 5

District File Number 742577

Date Filed _____

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

Wayne C. Thornburgh

Licensed Embalmer No.

3635

P. O. Address

West Plains, 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.