

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24616

State File No.

Registrar's No. 37

Registration District No. 169

Primary Registration District No. 4258

1. PLACE OF DEATH:

(a) County Edina
(b) City or town Edina
(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 (Specify whether)
In this community years, months or days 2540

3. (a) PRINT FULL NAME John D. Arnold
3. (b) If veteran name war W. 3. (c) Social Security No. 20

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced husband
6. (b) Name of husband Julia 6. (c) Age of husband wife if alive 64 years
7. Birth date of deceased 1. 31 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Quincy, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hardware

12. Name Michael Arnold

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

14. Maiden name Michael Arnold

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

16. (a) Informant P. J. Arnold

(b) Address Edina, Mo.

17. (a) Bureau (b) Date thereof 7-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, Quincy, Ill.

18. (a) Signature of funeral director Edina, Mo.

(b) Address Edina, Mo.

19. (a) July 27, 1942 (b) Will Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Edina
(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 July day 28
year 1942 hour 2:05 minute A M.

21. I hereby certify that I attended the deceased from 12-31, 1940 to 7-28, 1942
that I last saw him alive on 7-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 7-28-42

Due to atherosclerosis - Dec. 1940
cardio-renal syndrome

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

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?

(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Fredrich J. Schmidt (M. D. or other) MD

Address Edina, Mo. Date signed 7-29-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 8-42-15-98

Date Filed AUG 13 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.....

Geo B. Easley Jr

Licensed Embalmer No. 3752

P. O. Address Hurdland, 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.