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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27383

Registration District No. 4608 Primary Registration District No. 5562 Registrar's No. 163

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town ~~Carthage~~ Rural - Marion Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Morgan Heights /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 6
(c) City or town Jasper No. R.R.#3 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R.#3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Marrietta Arner
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Arner
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased April (Month) 30th (Day) 1865 (Year)
8. AGE: Years 77 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Wells Co. (City, town, or county) Indiana / (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business Housekeeper
FATHER 12. Name Nathaniel Wright
13. Birthplace Wells Co. (City, town, or county) Indiana / (State or foreign country)
MOTHER 14. Maiden name Sarah Wright
15. Birthplace Wells Co. (City, town, or county) Indiana / (State or foreign country)
16. (a) Informant Loyd Arner
(b) Address Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Waters Cem.
18. (a) Signature of funeral director Chas.J.Teeter
(b) Address Jasper, Mo.
19. (a) Aug. 3, 1942 (Date received local registrar) (b) Elizabeth Coppin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1942 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from July 26th, 1942 to August 1st, 1942; that I last saw her alive on August 1st, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs.
Due to Chronic Nephritis	5 yrs.
Due to Pernicious Anemia	1 yrs.
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy No

131b

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) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury 0
23. Signature George H. Wood (M. D. or other) M.D.
Address Carthage Mo Date signed 8/3/42

1203 (Licensed Embalmer's Statement on Reverse Side)

42-8-678

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 Chas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.