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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31128

FILED OCT 14 1942

Registration District No. 91

Primary Registration District No. 4493

Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital & Clinic (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Putnam 86
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Unionville, Mo., RFD (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Jessie Elbethel Arnaman

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
6. (b) Name of husband or wife Sam Arnaman
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April (Month) 19 (Day) 1872 (Year)

8. AGE: Years 70 Months 4 Days 12 If less than one day ... hr. ... min.

9. Birthplace Putnam Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Home Work
11. Industry or business

FATHER
12. Name John McCoy
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Henry
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sam Arnaman
(b) Address Unionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Thompson Cem.

18. (a) Signature of funeral director [signature] & Son
(b) Address Unionville, Mo.

19. (a) Sep 5 1942 (Date received by local registrar) [signature] 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1942, to Sept-1, 1942,
that I last saw her alive on Sept-1, 1942,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	5 da.
Due to Uterine Cancer	2 yrs
Due to Chronic Ateriosclerosis	10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

H8b

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

23. Signature J. Neal Martin (M. D. or other)
Address Unionville Date signed 9/3/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1930
Date Filed OCT 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 Mark E. Husted

Licensed Embalmer No. 2304

P. O. Address Unionville, Ms.

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.