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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34143

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Marionville
(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 (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55 2

(c) City or town Marionville, 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Beatrice Arnhart

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 Widowed 2

6. (b) Name of husband or wife John David Arnhart

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 29 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Lawrence Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward A. Jarrett
13. Birthplace Alabama /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Jones
15. Birthplace Alabama /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Pendleton
(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42
(Month) (Day) (Year)
(c) Place: burial or cremation IOOF, Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.

19. (a) 10-7-1942 (Date received local registrar) (b) Eunice Greene by A. M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from March 2 4th 1941, to Oct 5th 1942
that I last saw her alive on Oct 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency over a year

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95 c 2
Of autopsy

Duration

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 R. L. Lazey (M. D.)
Address Marionville, Mo. Date signed 10/6/42

1106

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1142-1580
Date Filed NOV 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 Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Ore.

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.