

FILED DEC 3 1942 280

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. Platte
(b) City or town. R.F.D. Ridgley, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. Annie Laura Arnold

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

4. Sex. Female 5. Color or race. White 6. (g) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Walter Arnold 6. (c) Age of husband or wife if alive. 80 years

7. Birth date of deceased. February 6, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 4 If less than one day 11 hr. 40 min.

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

10. Usual occupation. Housewife

11. Industry or business. --

MOTHER FATHER { 12. Name. Jake Jackson
13. Birthplace. Penn.
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Ellen Hagdin
15. Birthplace. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant. Walter Arnold
(b) Address. Ridgley, Mo.

17. (a) Burial (b) Date thereof. Nov. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Barry Cemetery

18. (a) Signature of funeral director. Edna Mitchell (Pres. Sec.)
(b) Address. Platte City, Mo.

19. (a) Nov. 12, 1942 (b) Mrs. Clay Kiffie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Platte
(c) City or town. Ridgley Mo. R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1942 hour 11 minute 40 a. m.

21. I hereby certify that I attended the deceased from Nov. 10 - 1942
to Nov. 10 - 1942
that I last saw her alive on Nov. 10 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings:

Of operations.

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?

While at work? (Specify type of place) Means of injury.

23. Signature. EBH (M. D. or other)
Address. Smithville, Mo. Date signed 11-10-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Platte
District File Number 12-42-91
Date Filed 12-2-42

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.....

Licensed Embalmer No. 4059

P. O. Address. Platte City, 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.