. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon

State File No. 40720

Registrar's No. 918

39
2
6

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 875 Concord (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 1½ Years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene 2
(c) City or town: Springfield 6 (If outside city or town limits, write "RURAL")
(d) Street No.: 875 Concord (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Ludema Arnold
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry J. Arnold
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: August (Month) 1 (Day) 1864 (Year)
8. AGE: Years 78 Months 4 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace: East St. Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Home
11. Industry or business: ____
FATHER 12. Name: Thomas Fany
FATHER 13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Williams
MOTHER 15. Birthplace: Strasburg (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mrs. Scott D. Elting
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 22, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-22-42 (Date received local registrar) (b) O. W. Handley (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1942 hour 12 minute 30 p.m.
21. I hereby certify that I attended the deceased from July, 1942 to 12/20, 1942 that I last saw Dec alive on 12/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of the liver	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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

23. Signature: T. D. Lemmon (M. D. or other) M.D.
Address: Springfield, Mo Date signed 12/21, '42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul L. Schwerd

Licensed Embalmer No. 2457

P. O. Address.....

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.

X