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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3074

State File No.

Registrar's No. 36

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
106 West Pettis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HERMAN A R N O L D

3. (b) If veteran, name war. 3. (c) Social Security No. 500-10-6569

4. Sex M 5. Color of 2 race Negs 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 3 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 5 23 hr. min.

9. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business H. P. A.

12. Name Marion Arnold

13. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Lilly Edgins

15. Birthplace Howard Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Althy Will

(b) Address 421 N. Main Ave

17. (a) Buried (b) Date thereof 1-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director E. J. Jefferson

(b) Address 17 E. Jefferson Sedalia Mo

19. (a) 1/27/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 106 W Pettis
(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 Jan day 26
year 1943 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 1-26
1943, to 1-27-1943
that I last saw h. IM alive on 1-27-1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Angina Pectoris

Due to Aortitis

Due to _____

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

Major findings: Of operations 94 L

Of autopsy _____

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? _____

(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 A. R. Masdow (M. D. or other) MO.

Address 116 E. W. Main Date signed 1-27-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-43

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. 2172

P. O. Address Sedalia

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.