

Filed Feb 5 1943
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 11

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:
412 E - 6th ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 30 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 412 E - 6th ST
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARGARET McELROY ARNOLD

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased. 10 18 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 2 23 hr. min.

9. Birthplace NEW FRANKLIN MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business Broadway School

12. Name George McElroy

13. Birthplace Sedalia Mo O
(City, town, or county) (State or foreign country)

14. Maiden name Edith Mae Alsop

15. Birthplace New Franklin Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herb Struder

(b) Address Pauca City Okla

17. (a) Burial (b) Date thereof 1 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gullispie

(b) Address Sedalia

19. (a) 1/13/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 11th
year 1943 hour 1 35 minute P M.

21. I hereby certify that I attended the deceased from May 1940 to Jan 11 1943

that I last saw her alive on Jan 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Coronary embolus

Due to Chr. sudocarditis 15 yrs.

Chr. myocarditis

Due to

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

Major findings: Of operations 93d

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?

While at work (Specify type of place) (e) Means of injury

23. Signature JW Boger MD (M.D. or other)

Address Sedalia Mo Date signed 1/14/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

D. to File 2-4-43

APR 8 1943

OCT 9 1944

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 L E Bouldin

Licensed Embalmer No. 3867

P. O. Address Dealin Ma

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.