

Registration District No. 34

Primary Registration District No. 54695491

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town East of Blythdale  
(c) Name of hospital or institution:  
4 miles East Blythdale  
(d) Length of stay: In hospital or institution no  
In this community 62 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
(c) City or town 4 East Blythdale  
(d) Street No. 4 miles East.  
(e) Citizen of foreign country? no.  
If yes, name country no.

3. (a) PRINT FULL NAME Jeremiah Arvin

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

4. Sex Male Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura Arvin 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Dec - 24 - 1866

8. AGE: Years 76 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Jeremiah Arvin

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Arvin

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Hazel Lilly

(b) Address Ridge way

17. (a) (b) Date thereof April 19, 43

18. (a) Signature of funeral director R. B. Rogers

(b) Address Blythdale Mo.

19. (a) 4/19/1943 (b) S. H. Shaw

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17<sup>th</sup> year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from April 15<sup>th</sup> 1943 to April 17, 1943 that I last saw him alive on April 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis + Hypertension

Due to 830

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations 830

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? (City or town) (County) (State) no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury no

23. Signature James B. Shaw (M. D. or other) no  
Address Blythdale Mo. Date signed 4-19-43

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

MOTHER FATHER

41  
00

**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.....

*R R Boyges*

Licensed Embalmer No.....

*3576*

P. O. Address.....

*Ridgeway 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.**