

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21985**

FILED JUL 12 1943  
Registration District No. **2000**

Primary Registration District No. **5770**

Registrar's No. **139**

1. PLACE OF DEATH:  
(a) County **Merced**  
(b) City or town **Madison**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Madison Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **all her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Laura A. Arnote**  
3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Elvie C. Arnote** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **Nov 6 1866**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **13** If less than one day .hr. .min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Richard Long**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Gertrude Power**  
15. Birthplace **Ind. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elvie C. Arnote**  
(b) Address **Madison Mo.**

17. (a) **Burial** (b) Date thereof **Nov 6 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Salem**

18. (a) Signature of funeral director **Neil Moss**  
(b) Address **Grinceton Mo.**

19. (a) **6-30-43** (b) **Jennie Alley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Merced**  
(c) City or town **Madison Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **20th** year **1943** hour **7** minute **15** A.M.  
21. I hereby certify that I attended the deceased from **June 12th** 19**43** to **June 20th** 19**43**; that I last saw her alive on **June 19th** 19**43**; and that death occurred on the day and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **8 days**  
**Hypertension** 2 years  
Due to **Do not know**

Other conditions (Include pregnancy within 3 months of death) **83a!**  
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?

While at work? (Specify place) Means of injury  
23. Signature **Oliver P. Drury** (M.D. or other)  
Address **Madison Mo.** Date signed **June 22nd**

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

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 2634

P. O. Address. Princeton, N.J.

**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.**