S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24531

FILED AUG 7 1943

Registration District No. 47 Primary Registration District No. 4068 Registrar's No. 236

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

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town MOKANE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Mokane
(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 /

3. (a) PRINT FULL NAME SARAH ANN ARBUCKLE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife SAMUEL ARBUCKLE

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

7. Birth date of deceased JAN (Month) 12 (Day) 1863 (Year)

8. AGE: Years 80 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Scott County (City, town, or county) INDIANA / (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name WILLIS BURNETT
13. Birthplace (City, town, or county) IND. / (State or foreign country)

MOTHER
14. Maiden name MARY SMITH
15. Birthplace (City, town, or county) IND. / (State or foreign country)

16. (a) Informant Mildred Jackson
(b) Address 1921 California St Louis Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 31 1943 (Month) (Day) (Year)
(c) Place: burial or cremation REDKEY, INDIANA

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) July 31-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 1942
To July 29 1943
that I last saw her alive on July 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to angina pericarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

Of autopsy

Duration
July 26-43
Jan '43
Feb 1942

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 W H W Mannerson (M. D. or other) MD
Address Mokane, Mo. Date signed 7/31/43

(Licensed Embalmer's Statement on Reverse Side)

C
161
/18/43

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.

AUG 11 1964

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.