. S. No. 2
DM—5-42
v. 5-17-39
I X32879

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24831
State File No.

FILED AUG 7 1943

Registration District No. 100

Primary Registration District No. 5390

Registrar's No. 125

33 00 0

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Springcreek twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
(Specify whether
In this community five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 33

(a) State Missouri (b) County Dent 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Edith A Arnold

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex female

5. Color or race w

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife x

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

7. Birth date of deceased Nov (Month) 12 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	12	hr. min.

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

10. Usual occupation housekeeper

11. Industry or business x

MOTHER / FATHER

12. Name A.H. Arnold

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

MOTHER

14. Maiden name Emily Pasely

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

16. (a) Informant Mrs Geo S Wann

(b) Address Salem Mo

17. (a) burried (Burial, cremation, or removal) (b) Date thereof 7-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director [signature]

(b) Address Salem Mo

19. (a) 7-3-43 (Date received local registrar) (b) [signature] (Registrar's signature)

1177

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 2 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-30-40 to 7-3-43, 19; that I last saw h EC alive on 5-4-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage [illegible]

Due to hypertension [illegible]

Due to [illegible]

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D.O.

Address Salem, Mo Date signed 7-3-43

(Licensed Embalmer's Statement on Reverse Side)

Date RECEIVED 12 465-
File
District Health Officer No. 5,

District File Number _____

Date Filed _____

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..... Carl D Lyman

Licensed Embalmer No. 3370

P. O. Address Salem 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.