

Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 936

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Mo. Methodist Hospital  
(d) Length of stay: In hospital or institution 10 days  
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 1518 Charles  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LAURA BELLE ARTHUR

3. (b) If veteran, name war none 3. (c) Social Security No. 491-09-424

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct. 17 1904

8. AGE: Years Months Days If less than one day  
38 10 4 hr. min.

9. Birthplace Buchanan county Missouri

10. Usual occupation sales lady mens furnishing

11. Industry or business Hirsch Brothers

12. Name Calvin D. Arthur

13. Birthplace Buchanan county Missouri

14. Maiden name Rosie E. McCauley

15. Birthplace Buchanan county Missouri

16. (a) Informant Mrs. Rosie E. McCauley

(b) Address 1518 Charles

17. (a) burial (b) Date thereof 8/23/43

(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director

(b) Address 319 South 10th Street

19. (a) 8/21/43 (b) Rose Hejzoy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 17 1943 to Aug 21 1943 that I last saw her alive on Aug 21 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon (descending colon) Due to Intestinal obstruction, 8-11-43 Due to Pneumonia, post operation Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: As above Of autopsy: H & E

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Dr. Joseph M. D. or other Address: St. Joseph, Mo. Date signed 8-21-43

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

MOTHER FATHER

Dr. J. E. Senon  
7 2 2 1/2 Francis

NOV 27 1943

**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 *Frank A. Brown*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph, 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.**