

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 28834

FILED SEP 8 1943

Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town Wellsville
 (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 3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME BETTIE J. ARMAN ARNOLD.

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 Oliver Bruce Arnold 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 2 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Calaway Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

12. Name Josaway Noel
 13. Birthplace Not known (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Perry
 15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant B. P. Arnold

(b) Address Wellsville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director W. H. H. H.

(b) Address Wellsville Mo

19. (a) Aug 30 1943 (Date received local registrar) (b) Mrs. Virginia Patton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
 (c) City or town Wellsville (If outside city or town limits, write "RURAL")
 (d) Street No. — (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 04 minute P M.

21. I hereby certify that I attended the deceased from Jan 1943 to Aug 29 1943
 that I last saw her alive on Aug 29 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration ?

Due to Hypertension

Due to —

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

Major findings: Of operations —

Of autopsy —

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 type of place) Means of injury —

23. Signature J. P. Arnold (M. D. or other title)

Address Wellsville Date signed Aug 30

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

70
 2
 0

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.