

FILED SEP 10 1943

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sale-Bowman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 23 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MCDONALD
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ANDERSON MO. R. #3
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Walter Arnold

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July 3 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Earl Arnold

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

14. Maiden name Flora Brady

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

16. (a) Informant Flora Arnold

(b) Address Anderson MO. R. #3

17. (a) Removal (b) Date thereof 9-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Provo, COLO.

18. (a) Signature of funeral director Wm. Williams

(b) Address Woodman Mo.

19. (a) 9-2-1943 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st, year 1943 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1943, to Sept. 1, 1943.

that I last saw him alive on Sept. 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Ileo colitis with hemorrhage from the bowel.

Due to Heat prostration 8-28

Due to Diabetes mellitus.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration
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 type of place) (e) Means of injury _____

23. Signature Quisada (M. D. or other) _____

Address Neosho, Mo. Date signed 9-1-43

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

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RECEIVED

District Health Officer No. _____
District File Number 943-174
Date 9-9-43

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.

Signed Mariellen Pickett
Licensed Embalmer No. 4166
P. O. Address Goodman, Md.

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.