

FILED SEP 10 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29164

Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 302
(b) Township Shannon Primary Registration District No. 6041 Registered No. 1485
(c) City Wayton Mo (d) Street No. 1 St. Mo
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rebecca Catherine Arnold

(a) Residence, No. 1 St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. W. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1863
7. AGE 79 YEARS MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT R. H. Arnold (ADDRESS) Success Park St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Cem. DATE July 23 1943

19. FUNERAL DIRECTOR (NAME) H. W. J. J. J. (ADDRESS) Cassins, Ark.

20. FILED Aug 28 - 43 19 Betha White Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1943

22. I HEREBY CERTIFY, That I attended deceased from MAY 10 1943 to July 21 1943
I last saw h. Fe alive on July 18 1943 Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

chronic nephritis followed with uraemic coma and delirium

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. W. J. J. J. M. D.
(Address) Wayton Mo

RECEIVED

District Health Officer No. 5,

District File Number 943537

Date Filed 9-8-43

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.....

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, above space should be left blank.