

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

32731

State File No. _____

Registrar's No. 78

Registration District No. 337

Primary Registration District No. 6139

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural Shelbyville
(c) Name of hospital or institution: Brookside
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME

BERDIE J. ARNOLD

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Arnold 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 16 - 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 15 L min.

9. Birthplace Shelby Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Hopper
13. Birthplace Shelby Co. Mo. (1)
(City, town, or county) (State or foreign country)
14. Maiden name Record not complete
15. Birthplace Record not complete
(City, town, or county) (State or foreign country)

16. (a) Informant E.H. Arnold
(b) Address Shelbyville, Mo.
17. (a) Burial (b) Date thereof Sept 2 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director E.P. Thompson
(b) Address Shelbyville, Mo.
19. (a) Sept 16 1943 (b) Walter Gooch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 16-2
(c) City or town Rural Shelbyville
(If outside city or town limits, write "RURAL")
(d) Street No. 74 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1943 hour 9:00 minute Q.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden as one being present. Have history of a loss of cardiac reserve for past 2 years or more. Probably a heart attack of some kind.
Due to _____
Due to _____ within past year
Systolic B.P. when last taken 160 mm.

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

Major findings: _____
Of operations _____
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 W.C. Beahm (M.D. or other)
Address Shelbyville, Mo. Date signed 9-2-43

FEB 9 1944

JUL 24 1953

RECEIVED

District Health Officer No. 10

District File Number--10-43-1649

OCT 6 1943

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 *E. P. Thompson*

Licensed Embalmer No. 1632

P.O. Address *Shelbyville, 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.