

FILED JAN 11 1944

Registration District No.

Primary Registration District No. 6-331

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural-Cedar Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade
(c) City or town Rural-Cedar Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXXXXXXX
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Thomas Bertram McArthur

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude McArthur 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 1, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 19 XXXXXXX min.

9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXX

MOTHER { 12. Name Thomas McArthur
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Luisa Hawkins
15. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude M. McArthur

(b) Address Arcola, Mo.

17. (a) Burial (b) Date thereof 10-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) Dec 7, 1943 (Date received local registrar's) James M. Cairnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20th
year 1943 hour 1 P. M.

21. I hereby certify that I attended the deceased from 10-18-1943 to 10-18-1943
that I last saw him alive on 10-18- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Malignancy of Stomach
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 468

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) (e) Means of injury

23. Signature H. D. Combs (M. D. or other) MD

Address Rockwood Mo Date signed 10-20-43

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

RECEIVED

District Health Officer No. 6;

District File Number 144-22

Date Filed 1-6-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.