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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1945

Registration District No. 1505

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5578

State File No. 3149

Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin --Route 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2--3½ miles E. on 20th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community (Specify whether years, months or days): Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin--Route 2 (If outside city or town limits, write "RURAL")

(d) Street No. 3½ Miles E. on 20th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Sam Arne

3. (b) If veteran, name war: ....

3. (c) Social Security No. 499-16-7755

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ....

6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: March 10, 1901 (Month) (Day) (Year)

8. AGE: Years 42 | Months 10 | Days 14 | If less than one day: ..... hr. ..... min.

9. Birthplace: Independence (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: laborer

11. Industry or business: Jayhawk Ordnance Plant

MOTHER FATHER

12. Name: George H. Arne, Sr.

13. Birthplace: New York (City, town, or county) (State or foreign country)

14. Maiden name: Nettie McWilliams

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

16. (a) Informant: Geo. Arne Jr.

(b) Address: R2-Box 633

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Park Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.

(b) Address: Joplin, Missouri

19. (a) Jan 27 1944 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1944 hour 5:45 A. M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan. 19, 1944 to Jan. 24, 1944; that I last saw him alive on Jan. 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to: ✓

Due to: ✓

Other conditions: ✓ (Include pregnancy within 3 months of death)

Major findings: ✓ Of operations: ✓

Of autopsy: ✓

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? (Specify type of place)

While at work? ✓ (e) Means of injury: ✓

23. Signature: W. B. Chapman (M. D. or other)

Address: Joplin, Mo. Date signed 1-27-44

(Licensed Embalmer's Statement on Reverse Side)

44-1-126

MAY 4 1959

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 Perry T. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.