No. 2
I—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944
Registration District No. 3042

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11710
Primary Registration District No. 3042
Registrar's No. 118

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 610 West Third Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 610 W. Third Street
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALICE BIXBY ARNOLD
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George W. Arnold
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 4 (Month) 28 (Day) 1869 (Year)

8. AGE: Years 74 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business ____

MOTHER FATHER
12. Name Edward W. Bixby
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
14. Maiden name Vale
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George W. Arnold
(b) Address Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo
19. (a) 3/27/44 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th. year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Past Several years 19__ to March 24 AM 1944 that I last saw her alive on March 24, 1944 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Prolonged Illness,	
Due to Parkinsons disease	
Other conditions No, (Include pregnancy within 3 months of death)	87 years

Major findings: Of operations No operation
Of autopsy None made,

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) No
(b) Date of occurrence no accident
(c) Where did injury occur? No my way, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury
While at work (Specify type of place) (e) Means of injury ____

23. Signature C. B. Brader (M. D. or other)
Address Sedalia Mo Date signed 3/27/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-12-47

JUN 29 1947

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 L. C. Bouldin

Licensed Embalmer No. 3867

P. O. Address Leedalia 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.