V. S. No. 2
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Rev. 5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22694

Registration District No. 3 20

Primary Registration District No. 4501

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield (If outside city or town limits, write "RURAL")
(d) Street No. 103 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Bell Arnold
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joshua R. Arnold 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. (Month) 6 (Day) 1879 (Year)

8. AGE: Years 65 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Frank Kilmer
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Joshua R. Arnold
(b) Address Bloomfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill Cem
18. (a) Signature of funeral director Floyd S. Moore
(b) Address Advance Mo
19. (a) June 2-44 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1944 hour 11 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 1, 1944 to May 29, 1944 that I last saw her alive on May 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER OF THE LIVER	YEARS.
Due to ORIGIN UNKNOWN	
Due to	
Other conditions LAPAROTOMY 2 MOS. (Include pregnancy within 3 months of death) PREVIOUS - CONFIRMING	

Major findings: Of operations DIAGNOSIS
Of autopsy 1467

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 [signature] (M. D.)
Address Bloomfield Date signed June 4 44

1130 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 644-234
Date Filed 6-8-44

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.....
Lloyd S. Morgan, Registered Apprentice No.....,
working under my personal supervision.

Signed Lloyd S. Morgan
Licensed Embalmer No. 3261
P. O. Address Advance, 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.