

FILED AUG 8 1944

Registration District No. 38-

Primary Registration District No. 5795-

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural *Primer Mo.*
(c) Name of hospital or institution:
Three miles and a half N.W. Norborne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 73 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri; (b) County Carroll 17
(c) City or town Carrollton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Morehead Apt. 111 N. Folger.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs William H. Arterburn.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Arterburn 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Dec. 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 10 hr. min.

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

10. Usual occupation House wife.

11. Industry or business

12. Name Daniel Heiney.
13. Birthplace Indians
(City, town, or county) (State or foreign country)
14. Maiden name Kate Reed.
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Arterburn.

(b) Address Norborne Mo.

17. (a) Burial (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery.

18. (a) Signature of funeral director Willis Marshall.

(b) Address Carrollton Mo.

19. (a) 7-24-44 (b) Mar James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 7:00 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 16
1944 to July 24 1944
that I last saw h. or alive on July 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Glaucome nephritis Duration 3 months

Due to.....
Due to.....
Other conditions Diabetes Mellitus 15 years
(Include pregnancy within 3 months of death)

Major findings: Of operations 61 PHYSICIAN
Of autopsy..... 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? (c) Means of injury.....

23. Signature Roger R. Washell (M. D. or other)
Address No. 607 W. 11th Date signed 7-24-44

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

MOTHER FATHER

RECEIVED
District Health Officer No: 8,
District File Number _____
Date Filed 8-7-44

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 myself
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. M. Marshall
Licensed Embalmer No. 2525-
P. O. Address Carrollton 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.