. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 152

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24822

Primary Registration District No. 5573 A

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town No. of Grain Valley Inc. A. (If outside city or town limits, write "RURAL" and name of township) Bar Jugs

(c) Name of hospital or institution: at his farm 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 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town (No. of) Grain Valley - 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. RR# 1 (If rural, give location)

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

If yes, name country X 0

3. (a) PRINT FULL NAME WILLIAM CLARK ARVIN

3. (b) If veteran, name war no

3. (c) Social Security No. X

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of ~~husband~~ or wife Mrs Mary Arvin

6. (c) Age of ~~husband~~ or wife if alive 64 years

7. Birth date of deceased Jan (Month) 22 (Day) 1867 (Year)

8. AGE: Years 77 Months 4 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Irvine - Estille County - Ky - 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer -

11. Industry or business his farm

FATHER
12. Name Nathaniel Arvin
13. Birthplace Estille County Ky - 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Reed
15. Birthplace Estille County Ky - 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Arvin

(b) Address Grain Valley Mo. RR#-1-

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June - 19 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem.

18. (a) Signature of funeral director V. M. Rappert

(b) Address Buckner Mo -

19. (a) June - 17 - 44 (Date received local registrar) (b) Mrs. Jessie M. Liston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from Feb 1944, 19__, to June 18, 1944 that I last saw him alive on June - 17 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to Bicknerstone right

Due to Chronic Ileo-Colitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration: 24 hr 6 mo

34 A

Major findings:
Of operations none

Of autopsy No.

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? No. (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Oak Grove Mo Date signed 6-17-44

(Licensed Embalmer's Statement on Reverse Side)

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~~ Personally

, ~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed: V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address: Buckner - 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.