S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 84

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5320

State File No. 27578

Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Speed
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 74 Years. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME: Dan E. McArthur.
3. (b) If veteran, name war: ---
3. (c) Social Security No. ---

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mrs. Betty McArthur.
6. (c) Age of husband or wife if alive: ... years
7. Birth date of deceased: January (Month) 8" (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	12	... hr. ... min.

9. Birthplace: Plattsville, (City, town, or county) Canada (State or foreign country)
10. Usual occupation: Banker & Farmer
11. Industry or business: ---
MOTHER FATHER
12. Name: Alexander McArthur.
13. Birthplace: Canada (City, town, or county) (State or foreign country)
14. Maiden name: Jane Maria Buchanon
15. Birthplace: New York (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. George McArthur.
(b) Address: Speed, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 22" /44 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.
18. (a) Signature of funeral director: Goodman & Boller
(b) Address: Boonville, Mo.
19. (a) Aug 26-44 (Date received local registrar) (b) Moore & Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1944 hour 2 minute 15 a.M.
21. I hereby certify that I attended the deceased from August 18, 1944, to August 20, 1944 that I last saw him alive on August 20th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	48 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94N

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: A. B. Coates (M.D. or other) DO
Address: Boonville, Mo. Date signed: 8/22/44

1057 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File No.
Date Filed 9-8-47

OCT 27 1948

FEB 17 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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.