

FILED SEP 10 1944
128

State File No. _____

Registration District No. _____

Primary Registration District No. 5466

Registrar's No. 673

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **RURAL, S. CAMPBELL TWP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **POZARK OSTEOPATHIC HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edith Arnaud Mermoud**

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, widowed
6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **Dec. 14, 1872** years (Day) (Year)
7. Birth date of deceased **Sept. 14, 1872** (Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Province La Brroma** **France 5**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Stephen Arnaud**
13. Birthplace **UNK.** **France 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Arnaud**
15. Birthplace **UNK.** **France 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theodore Mermoud**
(b) Address **Monett, Mo.**

17. (a) **Burial** (b) Date thereof **8-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Waldensian**

18. (a) Signature of funeral director **Calvin**
(b) Address **Monett, Mo.**

19. (a) **8-19-44** (b) **W. W. Landry**
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **17** year **1944** hour **11:25** minute **P.** M.
21. I hereby certify that I attended the deceased from **August 12, 1944** to **Aug 17, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis**
Due to **Strangulated**
hernia
Due to **1276**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Strangulated**
Of operations **Ulcera**
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **William A. Wright** M.D. or other _____
Address **Princeton, Mo.** Date **8/19/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
00

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.....

J. D. Buchanan

Licensed Embalmer No. *3149*

P. O. Address.....

Monett 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.