S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28540

State File No.

Registration District No. 2840 Primary Registration District No. 5965 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Platte under Arnold

(b) City or town Rural Preston township
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or Institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83

(a) State Missouri (b) County Platte

(c) City or town Ridgeley Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. Preston Township (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter Warder Arnold

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male | 5. Color or race white | 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Anna Laura Arnold-deceased

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

7. Birth date of deceased Oct. (Month) 17 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	9	26	hr. min.

9. Birthplace Barry Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

MOTHER FATHER

12. Name John T. Arnold

13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER

14. Maiden name Susanna Barry

15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Helen Reineke

(b) Address Ridgeley, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Barry cemetery, Barry, Mo.

18. (a) Signature of funeral director Turan R. Mack

(b) Address for Rollins-Mitchell Mortuary Platte City, Mo.

19. (a) 8-13-44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1944 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1944, to same, 1944, that I last saw him alive on Aug 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Cardio vascular Renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R. E. Learned M. D. (M. D. or other)

Address Smithville Mo. Date signed 8/12/44

1209 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed

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

Frances M. Giffee, Registered Apprentice No. 361,

working under my personal supervision.

Signed Vivian R. Mack

Licensed Embalmer No. 3947

P. O. Address Edgerton Wis.

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.