

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

30879

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1944

Primary Registration District No. 2000

Registrar's No. 752

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

39  
2  
6

1. PLACE OF DEATH:  
Greene  
(a) County  
(b) City or town Springfield,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, 3  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 841 S. Rogers  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs. Bertha Susannah Arnold  
3. (b) If veteran, name war None  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 16,  
year 1944 hour 6:10 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife William B. Arnold  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased June 29, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1, 1944, to 9-16, 1944,  
that I last saw her alive on 9-12, 1944,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Bronchial Asthma 10 yr.  
Acute Heart Failure 30 min.  
Duration

8. AGE: Years 57 Months 2 Days 17 If less than one day  
hr. min.

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations .....  
Of autopsy .....  
PHYSICIAN

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Railroad company

12. Name John B. Appleby

13. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Dysart

15. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Arnold  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 9-19-44 (b) 5 W Handy  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury .....  
23. Signature St. J. Curran (M. D. or other) MD  
Address Springfield, Mo Date signed 9-18-44

48K

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1944

NOV 1 1944

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**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 \_\_\_\_\_

*Harlow Knalib*

Licensed Embalmer No. \_\_\_\_\_

*4065*

P. O. Address \_\_\_\_\_

*Springfield, 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.**