

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31555

State File No.

Registration District No. 167

Primary Registration District No. 5708

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden in Madison Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Holden, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX 10

3. (a) PRINT SARAH ANN ARWOOD
FULL NAME

(b) If veteran, name war none (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 Andrew J. Arwood 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased Aug 24, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 17 hr. min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation housewife at home

11. Industry or business

12. Name Jackson Haun
13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Franklin
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Alonzo Arwood
(b) Address Centerview, Mo.

17. (a) Burial (b) Date thereof Oct 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 10-14-44 (b) Ruth S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1944 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from June 4, 1943 to October 11, 1944
that I last saw her alive on October 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Angina Pectoris

Due to

Due to

Other conditions Sen Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (e) Means of injury

23. Signature Ljelly Rawlins (M. D. or other)

Address Holden Mo Date signed 10/14/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *M L Canaday*.....
Licensed Embalmer No. *34341*.....
P. O. Address..... *Helder, 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.