

FILED DEC 13 1944

Registration District No. 2

Primary Registration District No. 5117

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Cedar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Core Bell Arnold

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas Arnold 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Oct 10 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Elijah Tremar  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Judie Butler  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Arnold  
(b) Address Hartsburg Mo.  
17. (a) Burial (b) Date thereof 11/7/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bands Chapel, Cent.

18. (a) Signature of funeral director W. B. Burnett  
(b) Address Ashtland Mo.  
19. (a) Nov. 12, 1944 (b) Mrs. Alta Estes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Miles South of Ashland Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1944 hour 12 minute 30 P.

21. I hereby certify that I attended the deceased from Oct 25  
1944 to Nov 5 19 44  
that I last saw her alive on Nov 5 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
Due to 33 hr.  
Due to

Other conditions Chronic Arthritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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?

While at work? (Specify type of place) (d) Means of injury 0  
23. Signature W. B. Burnett (M. D. or other)  
Address Ashtland Mo. Date signed Nov 6 1944

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 12-12-44

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 Me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Wm C Burnett

Licensed Embalmer No.

3564

P. O. Address

Ashtown Md

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.