

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava - rural - Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wing
(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 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Hulbert R. Arnold

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Bessie Arnold | 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased October 9, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 23 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name A. O. Arnold,

13. Birthplace New York, New York 1
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Brumfield,

15. Birthplace Hercules, Taney Co., Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Morgan

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Clinkin Beard Funeral H. me

(b) Address Ava, Missouri

19. (a) 11-1-1944 (b) Lyle Spurluck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1944 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 1st - 1944
1944 to Nov. 7, 1944
that I last saw him alive on Nov 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Due to

Due to

Other conditions (include pregnancy within 3 months of death) 92

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. E. Gentry (M. D. or other)

Address 101 N. 1st Date signed 11-12-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

34
000

MOTHER FATHER

1056

RECEIVED

District Health Officer No. 6,

District File Number 1244-1320

Date Filed DEC 11 1944

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 *W.B. Hutchinson*.....

Licensed Embalmer No. *3437*.....

P. O. Address *Asa Med*.....

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.