

**FILED JAN 5 1945**

Primary Registration District No. **4097**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Harrisonville**  
(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  
years, months or days)

3. (a) PRINT FULL NAME **ANNA BELLE ARNOLD**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years **28**

7. Birth date of deceased **May 28 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 6 25** hr. min.

9. Birthplace **Cass Co Mo. 11**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home-maker**

11. Industry or business

12. Name **Isaac M. Arnold**

13. Birthplace **Ky 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Hochstetler**

15. Birthplace **Ky 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Isaac M. Arnold**

(b) Address **Harrisonville Mo.**

17. (a) **burial** (b) Date thereof **12-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grind Cemetery**

18. (a) Signature of funeral director **James Burgess**

(b) Address **Harrisonville Mo.**

19. (a) **Dec 26, 1944** (b) **Margaret Allen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass 19**  
(c) City or town **Harrisonville 1**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **11**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23**  
year **1944** hour **11:15** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 23-44**  
1944, to **Dec 23** 1944.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma** Duration

Due to \_\_\_\_\_

Due to **61**

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?

While at work (Specify type of place) (c) Means of injury

23. Signature **J. D. Scott** (M. D. or other)

Address **Harrisonville** Date signed **Dec 26, 1944**

JAN 10 1945

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 E. M. Cunningham

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.