

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41820**
Registrar's No. **420**

FILED JAN 10 1945

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell 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 **68 years** years, months or days)

3. (a) PRINT
FULL NAME

George W. Arnold

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **male** 5. Color or
race **white**

6. (a) Single, widowed, married,
divorced **widowed**

6. (b) Name of husband or wife
Alice

6. (c) Age of husband or wife if
alive. years

7. Birth date of deceased **Sept. 21st. 1863**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **6**
If less than one day
hr. min.

9. Birthplace **Syracuse Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business

12. Name **Thomas Arnold**

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

14. Maiden name **Mary Sullivan**

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

16. (a) Informant **John Tilden**

(b) Address **Sedalia, Mo.**

17. (a) **burial** (b) Date thereof **12-29-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Gillespie**

(b) Address **Sedalia, Mo.**

19. (a) **12/28/44** (b) **Mrs. Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **610 W. Third St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **27th.**
year **1944** hour **7.15** A.M. minute M.

21. I hereby certify that I attended the deceased from **April, 1944.**
19....., to **December, 27,** 19 **44.**

that I last saw him alive on **December, 26, 1944, P.M.** 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **inanition. Past five months** Duration

Due to **Carcinoma, thyroid gland.** **2 years.**

Due to **xxx**

Other conditions **xxx**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **No operation.**

Of autopsy **No autopsy.**

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No.**

(b) Date of occurrence **xxxx**

(c) Where did injury occur? **No injury.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

No injury
While at work **xxx** (Specify type of place)
(e) Means of injury **xxx**

23. Signature **E. J. Traders** (M. D. or D.O.)
Address **112 West 4th Street, Sedalia, Mo.** Date signed **12/28/44**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-44

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.....

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

Signed

L. E. Boulbin

Licensed Embalmer No.

3817

P. O. Address

Seaside, 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.