

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.

12242

FILED DEC 28 1944

Registration District No.

Primary Registration District No.

4494

Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town WINONA
(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

Arvel W. Arthur

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife NORMA
6. (c) Age of husband or wife if
alive 21 years
7. Birth date of deceased AUG 24 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 3 7 hr. min.

9. Birthplace Howell Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Garage owner

11. Industry or business

12. Name William Arthur
13. Birthplace Laporte Ind
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Patterson
15. Birthplace Wisc
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Norma Arthur
(b) Address Winona Mo
17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winona Mo

18. (a) Signature of funeral director Phil A. Leuchel
(b) Address 200 Duran Dr
19. (a) 12-4-44 (b) Frank Hyde MO
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Winona 121
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country TI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1944 hour 11 minute 40 PM

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Gun Shot wounds

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Homicide
(b) Date of occurrence 12-2-44
(c) Where did injury occur? Winona Shannon Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Lavison
(Specify type of place) (e) Means of injury Gun Shot
While at work? (e) Means of injury

23. Signature Frank Hyde (M. D. or other) 0
Address Winona Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

944

RECEIVED

District Health Officer No. 5,

District File Number 12-44623

Date Filed 12-20-44

NOV 17 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 12-3-44

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

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.