

FILED JAN 22 1945

Registration District No. **341**

Primary Registration District No. **6151a**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural; Elk Twp.**
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Allen Edward 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 **Della Elizabeth Arnold** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 26 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	24	hr. _____ min.

9. Birthplace **Pike Co. Ind. |**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Elbert Arnold**
13. Birthplace **No record**
(City, town, or county) (State or foreign country)
14. Maiden name **Malissa Fettingler**
15. Birthplace **Ind. |**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harley Arnold,**
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **12-22-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old Bethel Cem.**

18. (a) Signature of funeral director **Blankenship-Strickland**
(b) Address **Dexter, Mo.**

19. (a) **Jan. 3, 1945** (b) **Mona Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Rural; Elk Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20**
year **1944** hour **3** minute **0** p. m.

21. I hereby certify that I attended the deceased from **Dec 6, 1944** to **Dec 20, 1944**

that I last saw him alive on **Dec 20, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis.**

Due to **Sept Blood Poison**

Due to **actual disease**

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify if so)

23. Signature **S. C. ...** (M. D. or other) **DB**
Address **Malibu** Date signed **Jan 3, 1945**

Duration

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No.

District File Number 145-75

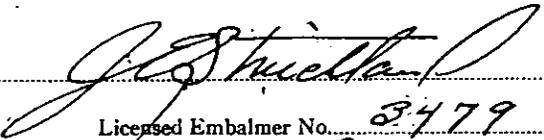
Date Filed 1-16-45

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



Licensed Embalmer No. 3479

P. O. Address Haystack, 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.