

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13026
 Registrar's No. 184

FILED MAY 13 1945
 Registration District No. 258

Primary Registration District No. 2001

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

49

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, County Jasper
 (c) City or town Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2016 Dupont
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John H. Arnold
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21st year 1945 hour 7 minute 08P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-19-45 to 4-21-45 that I last saw him alive on 4-21-45 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days 13 If less than one day hr. _____ min. _____
 9. Birthplace Barny County Mo
 (City, town, or county) (State or foreign country)

Immediate cause of death Arteriosclerotic heart disease
 Due to _____
 Due to _____

10. Usual occupation Retired
 11. Industry or business _____
 12. Name J. S. Arnold
 13. Birthplace Port Knauer 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary A. Cunningham
 (State or foreign country)
 15. Birthplace Port Knauer 9
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. Callie Reynolds
 (b) Address Tulsa Okla
 17. (a) burial (b) Date thereof 4-20-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cem

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

18. (a) Signature of funeral director Harriet Dillon
 (b) Address Feb + wall St
 19. (a) 4-24-45 (b) Arthur S. Schaller
 (Date received local registrar) (Registrar's signature)

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) _____
 (a) Means of injury _____
 23. Signature J. L. ... (M. D. or other) _____
 Address _____ Date signed 4/23/45

45-4-340

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

Paula Lammhill

Licensed Embalmer No. 3590

P. O. Address Japan No

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.