

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13741

Registrar's No. _____

Registration District No. 170

Primary Registration District No. 5029

3000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town RURAL - Hooker 2nd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LEBANON R. 3. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community since Oct 1944
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town R. 3. LEBANON 53
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY ALICE ARNOLD

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JOHN R. ARNOLD 6. (c) Age of husband or wife if alive _____ years
JULY 22-1961
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace ARK. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER, FATHER { 12. Name NOT KNOWN 9
13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN 9
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eric Arnold
(b) Address Burson Ave.

17. (a) BURIAL (b) Date thereof MAR 23 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY CEM.

18. (a) Signature of funeral director PAKMER'S
(b) Address LEBANON MO

19. (a) 3-27-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 21
year 1945 hour 10.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw her alive on Mar 20, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition

Due to _____
Due to _____

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

Major findings: Of operations 950
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)
(e) Means of injury 2

23. Signature G. Bohrer (M. D. or other) DO.
Address Lebanon Mo Date signed 3/23/45

Received

Laclede County Health Unit

File No. 3-45-29

Date Filed 4/17/40

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. 1161

P. O. Address Stanton 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.