

S. No. 2  
M-5-43  
7-5-17-39  
D I X36671

FILED APR 24 1945  
Registration District No. 274

Primary Registration District No. 3052

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

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:  
608 West third St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 years Specify whether  
years, months or days

In this community \_\_\_\_\_

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. 608 West third St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella Arnold

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 21 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1945 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 1, 1945 to April 13, 1945  
that I last saw her alive on April 13, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis Chorea

Due to arterio sclerosis and senile changes

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) Ascites. Probably abdominal malignancy

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Thomas Arnold

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

14. Maiden name Mary Ann Sullivan

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

16. (a) Informant John Tilden

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 4/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Missouri

(b) Address \_\_\_\_\_

19. (a) 4/14/45 (b) Mrs. Anna Berger  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address Sedalia Mo Date signed 4/17/45

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/23/45

**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

*L. E. Bouldin*

Licensed Embalmer No. **3867**

P. O. Address **Sedalia**

**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.**