

FILED MAY 16 1945

Registration District No. **13**

Primary Registration District No. **3003**

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

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Monett**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**714 Central St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**

(c) City or town **Marionville**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. # 1**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mollie Arnsmeier**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**  
year **1945** hour **18** minute **30 P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. **er** alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charley Arnsmeier** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **July 23 1882**  
(Month) (Day) (Year)

Immediate cause of death  
**Ch. Pulmonary Tuberculosis**

Due to **Diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **No 135**

8. AGE: Years Months Days If less than one day

<b>62</b>	<b>8</b>	<b>28</b>	hr. _____ min. _____
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9. Birthplace **Lawrence County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **J.G. Robertson**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Tate**

15. Birthplace **Ala.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Arnsmeier**

(b) Address **R 1 Marionville Mo.**

17. (a) **Burial** (b) Date thereof **4/23/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dover Cemetery**

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo.**

19. (a) **April 23-1945** (b) **Audna Willoughby**  
(Date received local registrar) (Registrar's signature)

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 **2**

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **R. D. Gowan** (M. D. or Physician)  
Address **Marionville Mo.** Date signed **4/23/45**

RECEIVED

District Health Officer No. 6;

District File Number 543-566

Date Filed MAY 10 1945

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

*Herman Purridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.