

X35697

FILED MAY 16 1945

Primary Registration District No. 5296

Registrar's No. 33-23

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

1. PLACE OF DEATH

(a) County Clinton County  
(b) City or town Grayson HARDIN TWP.  
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Grayson 25<sup>th</sup>  
(If outside city or town limits, write "RURAL") C  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LELA-PEARL-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 Married  
6. (b) Name of husband or wife George Arnold 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased April 19 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Thomas Pearey  
13. Birthplace Dont know Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Moore  
15. Birthplace Dont know Iowa (City, town, or county) (State or foreign country)

16. (a) Informant GEORGE Arnold

(b) Address Grayson Mo

17. (a) Burial (b) Date thereof April 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Point Cemetery

18. (a) Signature of funeral director H. A. Sullivan

(b) Address Grayson Mo

19. (a) 4-25-1945 (b) Mrs. A.C. Hartel.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1945 hour 1: minute 15: M.

21. I hereby certify that I attended the deceased from April 18th 1945 to April 21 1945  
that I last saw her alive on 4-18- and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to (Heart) diabetic melitis

Due to arterio sclerosis  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 12

Duration

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 \_\_\_\_\_

23. Signature J. C. Stearns (M. D. or other) \_\_\_\_\_  
Address Grayson Mo Date signed 4/22/45

1085

RECEIVED  
District Health Officer No. 111  
District Health Officer  
File Number  
District  
Date Filed

**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..... H. A. Sullivan  
Licensed Embalmer No. 1738  
P. O. Address G. D. W. E. S. M. D.

**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.**