

FILED MAY 19 1945

Registration District No. 98

Primary Registration District No. 5369

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Daviss  
(b) City or town Sheridan Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5 1/2 miles S East Saltmont Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 8 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clenton  
(c) City or town Cameron Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 1/2 miles South E Saltmont  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary L. Arthur

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, divorced  
6. (b) Name of husband or wife J. M. Arthur 6. (c) Age of husband or wife if alive 68 years  
Birth date of deceased Nov 15 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
12. Name Wm White Bradford  
13. Birthplace Osage Co Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Tress  
15. Birthplace no record Missouri 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Courtney  
(b) Address Cameron Mo.

17. (a) Burial (b) Date thereof 4-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Chapel

18. (a) Signature of funeral director Edmund F. Jones  
(b) Address Cameron Mo

19. (a) 4-23-1945 (b) A. O. Dickerson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1945 hour 2300 minute 13 M.  
21. I hereby certify that I attended the deceased from April 13, 1945, to April 20, 1945;  
that I last saw her alive on April 20, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: central hemorrhage Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30

Of autopsy

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) (c) Means of injury

23. Signature D. John Plummer (M. D. or other)  
Address Patterson Mo. Date signed 4-23-45

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

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

108K

RECEIVED  
District Health Officer No. 11,  
District File Number \_\_\_\_\_  
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 \_\_\_\_\_

Licensed Embalmer No. 3960

Wauquilla 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.