S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19841

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 628

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1519 No. 2nd Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 North 2nd Street,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amelia Arnold
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Leroy Arnold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 31 (Day), 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	10	3	hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Wm F. Miller
13. Birthplace unknown (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Amelia Ruff
15. Birthplace unknown (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. Harry P. Meredith
(b) Address St. Joseph, Mo (1519 N.2nd)
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 6/ 7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery Society Kansas City, Mo.
18. (a) Signature of funeral director Bettole & Bowman
(b) Address 319 So. 10th Street
19. (a) 6/6/45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 9 minute 05 P M.
21. I hereby certify that I attended the deceased from Viewed June 5th, 1945, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
92b

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature B. W. Tadlock Coroner (M. D. or other) 3
Address King Hill Bldg Date signed 6-5-45

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. H. Tadlock
King Hill Bldg.

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 Frank H. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.