

FILED JUL 9 1945

Registration District No. 280

Primary Registration District No. 4422

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Edgerton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY WAGER HALLECK ARNOLD
(b) If veteran, ✓ name war ✓
(c) Social Security No. ✓

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife Cora Arnold
(c) Age of husband or wife if alive 79 years
7. Birth date of deceased 3 13 62
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 3
If less than one day hr. min.

9. Birthplace Buchanan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Marion Lafayette Arnold

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

14. Maiden name Mary Ann Lilly

15. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Arnold

(b) Address Edgerton Mo.

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

(c) Place: burial or cremation Ridgely Cem.

18. (a) Signature of funeral director Rallins - Nash

(b) Address Edgerton Mo.

19. (a) 2-45-1 (b) Mrs. Clay Riffe
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Grayson 95
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15th
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Apr. 7 -
1945, to Apr. 13 -, 1945;
that I last saw him alive on Apr. 13 -, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration

Due to Infirmities of Old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 331

Of autopsy

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) (c) Means of injury

23. Signature John A. Robinson (M. D. ✓)

Address Edgerton, Mo. Date signed 4-23-45

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

1209

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Vivian R. Nash

Licensed Embalmer No. _____

3947

P. O. Address _____

Edgerton 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.