S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42584

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 192

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putnam
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 869 E Eastwood 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARNOLD LEE SINNETT

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) - 11 (Day) - 1931 (Year)

8. AGE:

Years	Months	Days	If less than one day
14	10	2	hr. min.

9. Birthplace Slater (City, town, or county) Mo (State or foreign country)
10. Usual occupation Student
11. Industry or business

FATHER
12. Name Arnold Lee Sinnett
13. Birthplace Slater (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Minnie Edna McMellen
15. Birthplace Stockton (City, town, or county) Mo (State or foreign country)

16. (a) Informant Arnold Lee Sinnett
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Memorial Gardens Marshall Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 12-17-45 (Date received local registrar) (b) Mrs T. G. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1945 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 11, 1945, to Dec 13, 1945; that I last saw him alive on Dec 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	3½ days
Due to Ruptured appendix	3½ days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 129

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 Richard T. Meekles (M.D. or other) D.O.
Address Marshall, Mo Date signed 12-17-45

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-76

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.