

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3598
State File No.
Registrar's No. 18

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 EAST BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 YEARS (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME MITTIE DOWNEY ARNEST

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 WID.

6. (b) Name of husband or wife JOHN ARNEST

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 8 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 5 If less than one day hr. min.

9. Birthplace FAYETTE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name JOHN G. DOWNEY

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name NANIE PRETCHETT

15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. C. HANCOCK

(b) Address SEDALIA MISSOURI

17. (a) BURIAL (b) Date thereof JAN. 15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. S. Sillars
(b) Address SEDALIA

19. (a) 1/15/46 (b) G. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 816 EAST BROADWAY
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 13th.
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 11-10 1944 to 1-13 1946
that I last saw her alive on 1-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Chronic myocarditis

Due to
Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 930

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) Means of injury
23. Signature J. M. Rodiman (M. D. or other) MD
Address Sedalia Mo Date signed 1-14-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-6-46

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.

3868

P. O. Address

SEDALIA

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.