

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

State File No. **6208**

Registrar's No. **15**

FILED MAR 7 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **162**

Primary Registration District No. **5595**

1. PLACE OF DEATH:

(a) County **JEFFERSON**
(b) City or town **RURAL DOCK TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **LIFETIME**
years, months or days

3. (a) PRINT FULL NAME **JOSEPH ARNOLD**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **DECEASED** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **SEPT 15 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **KIMMSWICK MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER "RETIRED"**

11. Industry or business **" "**

12. Name **XAVIER ARNOLD**

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

14. Maiden name **MARY HEIMBACH**

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

16. (a) Informant **JOHN ARNOLD**

(b) Address **KIMMSWICK MO**

17. (a) **BURIAL** (b) Date thereof **FEB 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BURGESS CEMETERY**

18. (a) Signature of funeral director **HELIETAG FUNERAL HOME**

(b) Address **KIMMSWICK MO R.R. 2**

19. (a) **FEB 12 - 46** (b) **Phil J. Kirk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON**
(c) City or town **KIMMSWICK**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R.** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **11**
year **1946** hour **12** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1946**
to **Feb 11**, 19**46**
that I last saw him alive on **2/10/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**
Duration _____

Due to _____

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? **Yes** (Specify type of place) (c) Means of Injury _____

23. Signature **Phil J. Kirk** (M. D. or other) _____

Address **Kimmswick MO** Date signed **2/11/46**

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-6-46

MAR 20 1947

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 _____

Arthur Heilington

Licensed Embalmer No. 38724

P. O. Address _____

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 the body is not embalmed, fact should be so stated above.