

FILED APR 22 1946  
Registration District No. 47

Primary Registration District No. 3008

14  
2

11284

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

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 M. 19 d  
(Specify whether years, months or days)

In this community 9 M 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bohler #4

(c) City or town Queen City  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes of No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Arri

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1946 hour 5-55 minute 0 M.

4. Sex Female 5. Color of hair White

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 Dec 12 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-2-46 19, to 3-29-46 19, that I last saw him alive on 3-28-46 19, and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Due to Fractured Hip

Due to Pneumonia

9. Birthplace Bohler County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 1860-16

11. Industry or business \_\_\_\_\_

12. Name Paul Arri

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

14. Maiden name Brian Miller

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-2-46

(c) Where did injury occur? Fulton Callaway Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No. 1  
(Specify type of place)

While at work? No (b) Means of injury fell on floor

16. (a) Informant Beard

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 3-29-1946  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City

18. (a) Signature of funeral director Glenn W. Beard

(b) Address Fulton

19. (a) 3-29-1946 (b) Joel M. Beard  
(Date received local registrar) (Registrar's signature)

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Signature Glenn W. Beard (M. D. or other) M.D.

Address Fulton Mo Date signed 3-29-46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-19-46

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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.....

*J. J. Ransom*

Licensed Embalmer No. 2555

P. O. Address.....

*Fulton Inc*

**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.