

FILED APR 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 170

Primary Registration District No. 5625

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE
 (b) City or town RURAL AVALAZZ TWP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: LEBANON R. 3.1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 10 YRS.
 years, months or days

3. (a) PRINT FULL NAME BEGAMINE FRANKLIN ARNOLD

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATILDA JOELCH 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased APR 28 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 10 hr. min.

9. Birthplace CAMDEN CO MO
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name WM ARNOLD

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

14. Maiden name MARTHA NEWBERRY

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

16. (a) Informant Mrs B. H. Arnold

(b) Address R. 3. LEBANON MO

17. (a) BURIAL (b) Date thereof 5-10-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CH-14

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 4-8-46 (b) Dr. Frank H. Hager
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. LEBANON R. 3.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 8
 year 1946 hour 8 minute 10 AM.

21. I hereby certify that I attended the deceased from 2/5
1945 to Mar 8 1946
 that I last saw him alive on Mar 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death schirous carcinoma of stomach Duration 2 yrs.

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: at Columbia, Mo
 Of operations schirous carcinoma of stomach

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)

(e) Means of injury _____

23. Signature James P. Hager (M. D. or other)

Address Lebanon, Mo Date signed 4/6/46

Received 4-11-46
Laclede County Health Unit
File No. 3-46-38
Date Filed 4-11-46

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..... *W. W. Palmer*

Licensed Embalmer No. *1161*

P. O. Address..... *Lebanon 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.