

FILED JUN 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **20099**

Registration District No. **141**

Primary Registration District No. **5550**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Haworth**
(b) City or town **Bakersfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 _____ years, months or days)

3. (a) PRINT FULL NAME **George Allen Arnett**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

4. Sex **mg** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **mv**
6. (b) Name of husband or wife **Rachel Arnett** 6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **5-18-1859**
(Month) (Day) (Year)

8. AGE: Years **88** Months **11** Days **20** If less than one day
hr. min.

9. Birthplace **Douglas Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Lee Arnett**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Adeline Reddick**
15. Birthplace **Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. H. Arnett**
(b) Address **Bakersfield, Mo.**

17. (a) **13** (b) Date thereof **4-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bakersfield**

18. (a) Signature of funeral director **Robertson**

(b) Address **West Plains, Mo.**

19. (a) **5-29-46** (b) **Wladys Harrison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **25** P.M.
year **1946** hour **6** minute **15**

21. I hereby certify that I attended the deceased from **April 19**
19 **46** to **April 21** 19 **46**
that I last saw him alive on **April 21** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Arterio-Sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **3a**
Of autopsy _____
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) (e) Means of injury _____
While at work _____

23. Signature **W. H. Hogan** (M.D. or other)
Address **West Plains Mo** **Apr 29-46**

RECEIVED

District Health Officer No. 5,

District File Number

646 371

Date Filed

6.18.46

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.....

D. H. Robertson

Licensed Embalmer No.

3432

P. O. Address.....

West 7th St.

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.