

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JUL 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22379

Registration District No. 324

Primary Registration District No. 2072

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 332 E Arrow 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yr (Specify whether years, months or days)
In this community 5 yr

3. (a) PRINT FULL NAME JOHN HENRY ARNOLD

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Florence Baker Arnold 6. (c) Age of husband or wife if alive Nov - 8 - 1867
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 21 hr. min.

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Tipton Arnold
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Otha Arnold
(b) Address Sweet Springs Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) 7-1-46 (b) Mrs. T. O. Hershberger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 332 E Arrow 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 25
1946, to June 29 1946
that I last saw him alive on June 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/29

Major findings: Of operations _____
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? _____

While at work? (Specify type of place) (e) Means of injury 0

23. Signature James A. Reid (M. D. certifier)

Address Marshall Mo Date signed 7-1-46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8.

Health File Number

Date Filed 7-13-46

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

working under my personal supervision.

Signed

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.