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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41112

State File No.

FILED DEC 17 1946

Primary Registration District No. 5614

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Novelty (rural) Bourbon.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Lyman Arment

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 Pet Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June - 22 - 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 9
If less than one day hr. min.

9. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Martin Arment
13. Birthplace North Carolina.
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Sholts
(City, town, or county) (State or foreign country)
15. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Arment
(b) Address Novelty Mo.
17. (a) Burial (b) Date thereof Dec 4 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harmony, Knox Co.

18. (a) Signature of funeral director Edna Hudson
(b) Address Edina, Mo.

19. (a) Dec - 3 - 1946 (b) Spell S. Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Novelty (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East of Novelty, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
year 1946 hour 10 minute 25 AM
21. I hereby certify that I attended the deceased from Sept
1946 to Dec Nov 29 1946
that I last saw him alive on Nov 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Prostate & Urinary Bladder
Duration 5 yrs.

Due to
Due to

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

Major findings:
Of operations
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 Ad Wright DO. (M. D. or other)
Address Bonard Mo Date signed 12-3-46

Health Officer No. 10
District File No. 12-46-2282
Filed DEC. 14 1948

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.....

Keith Hudson

Licensed Embalmer No. *2415*

P. O. Address *Edina, Minn.*

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.