

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41323
State File No.

FILED JAN 26 1947

Primary Registration District No. 5754

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural Drycreek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James T. Arterburn

3. (b) If veteran, name war World War II 3. (c) Social Security No.

4. Sex Male 5. Color or race 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 12 1 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 0 24 hr. min.

9. Birthplace Cookeville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Andrew Arterburn

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

14. Maiden name Dovie May Vickerson

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

16. (a) Informant Mr. Ernest Mayfield

(b) Address Stickney, Missouri

17. (a) Burial (b) Date thereof 12/28/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 12-28-46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Rural
(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 12 day 25
year 1946 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 ;

that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in brain. Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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

(b) Date of occurrence 12/25/46

(c) Where did injury occur? Maries Co., Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? NO (Specify type of place) (e) Means of injury Gun shot

Signature P. C. Howard (M. D. or other) D.O.

Address Vienna, Missouri Date signed 12/28/46

(Licensed Embalmer's Statement on Reverse Side) Maries County Coroner

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

40136

FEB 14 1997

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-2-47

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.....

Dec - 25th 1946
working under my personal supervision. Registered Apprentice No.....

Signed.....

Fred L. Gilman

Licensed Embalmer No..... 2341

P. O. Address..... *Dixon, Missouri*

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.