

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St. Louis
(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 Home
(Specify whether

In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Martha Ellen Arthur

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James C. Arthur 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Apr. 6 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Yancy Mills Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Peter Fleming

13. Birthplace Phelps Co. Mo.
(City, town or county) (State or foreign country)

14. Maiden name Malinda France

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

16. (a) Informant W.B. Arthur

(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof Mar 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corn Creek

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) 4-9-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(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? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 16
1947 to March 15 1947

that I last saw him alive on Mar. 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency + pulmonary edema

Due to spinal aneurysm + nephritis

Due to _____

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

Major findings: Of operations _____ Of autopsy 95

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) _____
Cause of injury _____

23. Signature Richard C. Neal (M. D. or other) MD
Address Newburg, Mo. Date signed Mar 20 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

81
0
0

3

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 Lee Johnson
Licensed Embalmer No. 3392
P. O. Address.....

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.