

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1204 Harold St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Life
(years, months or days)

3. (a) PRINT FULL NAME Maggie Lee ARNOLD

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Frank Arnold 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August 5, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 20 -- hr. -- min.

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

10. Usual occupation Housewife
Home

11. Industry or business

12. Name Samuel Vanderpool
13. Birthplace North Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mae Thompson
15. Birthplace Mattoon Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Arnold
(b) Address 1204 Harold St., Cassville, Mo.

17. (a) Burial (b) Date thereof 4-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery
Koon Funeral Home

18. (a) Signature of funeral director _____
(b) Address Cassville, Mo.

19. (a) May 16-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. 1204 Harold St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th.
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from
March 10, 1947, to April 26, 1947
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Melanotic Carcinoma
Due to Carcinoma of st. Ovary
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
1 or 2 yrs
2 yrs

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

23. Signature Grace Williams (M. D. or other)
Address Cassville, Mo. Date signed _____

MAY 22 1941

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.