

No. 2
OM-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23885**
Registrar's No. **70**

FILED AUG 9 1947

Registration District No. _____ Primary Registration District No. **5447**

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Howard Township
(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 _____ (Specify whether)
In this community lifetime
years, months or days

3. (a) PRINT FULL NAME John William Arnold
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Austin 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased September 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 25 hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Arnold
13. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Harria
15. Birthplace Hardin Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W. Arnold
(b) Address Albany, Mo. R. F.D.
17. (a) Burial (b) Date thereof July 1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lone Star

18. (a) Signature of funeral director William H. Miller
(b) Address Albany, Missouri

19. July 18-1947 (b) James H. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry **38**
(c) City or town Rural - Howard Township **0**
(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 June day 29
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 19th 1947 to June 29th 1947
that I last saw him alive on May 9th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Bladder

Due to _____
Due to _____

Other conditions 52 B
(Include pregnancy within 3 months of death)

Major findings: Tumor - Carcinoma of Bladder - 1 Greenburg St. J. 1947
Of operations _____
Of autopsy _____

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 W. H. Miller (M. D. or other) _____
Address Albany - Mo. Date signed _____

JUL 11 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 11 1940

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Chas. T. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.