No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28074

FILED AUG 19 1947

Registration District No. ____ Primary Registration District No. 2004 Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hours (Specify whether years, months or days)
In this community: entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1205 Virginia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Loren Arthur
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: M.
6. (b) Name of husband or wife: Leila
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 28, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	5	hr. min.

9. Birthplace: Jasper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Employed by City
11. Industry or business:
FATHER 12. Name: no record
13. Birthplace: " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: " "
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Charles M. Arthur
(b) Address: Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Avilla Cemetery
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 7-7-47 (Date received local registrar) (b) Dolores Lamplein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 3 year: 1947 hour: 6:00 minute: A.M.
21. I hereby certify that I attended the deceased from June 30, 19__, to July 3, 1947, 19__; that I last saw him alive on July 3, 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis with myocardial degeneration	?
Due to:	
Due to:	
Other conditions: Chr. Int. nephritis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 131A

PHYSICIAN — Underline the cause of 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:
Signature: W. B. Chapman M. D. (M. D. or other)
Address: Joplin, Missouri Date: 7-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47-8-686

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.