

FILED SEP 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31853

State File No.

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 48

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town ELDON
(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 years, months or days)

3. (a) PRINT FULL NAME IDA B. ARNOLD

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 WIDOWED
6. (b) Name of husband or wife WILLIAM T. ARNOLD 6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 29 hr. min.

9. Birthplace MILLER Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name FRANK M. CASLAND
13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name MELVINA GRANSTAFF
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Hackney
(b) Address ELDON, MISSOURI
17. (a) BURIAL (b) Date thereof 9 5 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELDON CEMETERY

18. (a) Signature of funeral director PHILLIPS FUNERAL HOME
(b) Address ELDON, MISSOURI
19. (a) 9-5-47 (b) Alvretta Walt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town ELDON
(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 SEPT day 3
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1947
to Sept 3 1947
that I last saw her alive on Sept 2
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion

Due to

Due to

Other conditions Hypertensive H. disease
(Include pregnancy within months of death) Hypertension

Major findings:
Of operations

Of autopsy

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?

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

23. Signature E. J. Shelton (M. D. or other) M.D.
Address ELDON, MO. Date signed 9/3/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 1947

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.....

Louis D. Phillips Registered Apprentice No.
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. *3669*

P. O. Address *Beacon*

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.