

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
810 W Broadway/  
(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 LAURA E. 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 wid 2  
(b) Name of husband or wife W. F. Arnold 6. (c) Age of husband or wife If alive years  
7. Birth date of deceased Aug 31 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Indianapolis Ind. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John F. Lindsey

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Nancy A. Moore

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

16. (a) Informant Mrs. W. J. Thomas

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 9-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Yes, Richard

(b) Address Sedalia, Mo.

19. (a) 9-1-47 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 810 W Broadway 4  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1939 to 8-30 1947  
that I last saw h.w. alive on 8-29-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

Specify type of place) While at work Means of injury

23. Signature J. M. Rodman (M. D. or other) MO  
Address Sedalia Mo Date signed 8-31-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-23-47

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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 John A. Cantlon  
Licensed Embalmer No. 4387  
P. O. Address Sedalia, 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.