No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33409

Registration District No. ..... Primary Registration District No. 6112 h

Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Ancell
(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 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Ancell 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Hannah 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 Widow
6. (b) Name of husband or wife Frank I Arnold
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 4 (Day) 1861 (Year)

8. AGE: Years 86 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Covington (City, town, or county) Ky (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....

MOTHER
12. Name Jake Holmes
13. Birthplace Wakefield (City, town, or county) England (State or foreign country)

FATHER
14. Maiden name Margret Lee
15. Birthplace North Ireland (City, town, or county) (State or foreign country)

16. (a) Informant George J Arnold
(b) Address Ancell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cape Co Mo
18. (a) Signature of funeral director Bispinghoff Funeral Home
(b) Address Illmo, Mo
19. (a) 9-10-47 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1947 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from July 14, 1947 to Sept 7, 1947
that I last saw her alive on Sept 7, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Due to: General Arterio-sclerosis	
Due to:	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations ..... None
Of autopsy ..... None

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 .....

23. Signature Fred W. Martin (M. D. or other)
Address Illmo, Mo. Date signed 9-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 9-47-1224
Date Filed 9-13-47

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 Mamie Bumpkin Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.