

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33427
Registrar's No. 101

Registration District No. 337

Primary Registration District No. 4496

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community 74 years years, months or days)

3. (a) PRINT FULL NAME HENRY 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 Widowed
6. (b) Name of husband or wife Anne Arnold 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb-14 - 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace Kassill Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Henry J. Arnold

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

14. Maiden name Mary Neuschaefer

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

16. (a) Informant Mrs. C.C. Brown

(b) Address Shelbyville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville Mo.

19. (a) Oct 10-47 (Date received local registrar) (b) Edith Joerner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Shelbyville (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 28 year 1947 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1947, to Sept 28, 1947
that I last saw him alive on Sept 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Myocarditis ?
Due to Arteriosclerosis ?
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature P.C. Cleghorn (M. D. or other) Address Shelbyville Mo. Date signed Oct 3-47

NOV 3 1947

JUN 26 1942

AUG 19 1938

RECEIVED
District Health Officer No. 10
District File Number 10-47-122
Date Filed OCT 13 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 1632
P. O. Address.....

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.