

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37083

State File No.

FILED DEC 15 1947

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1463

1. PLACE OF DEATH:

(a) County. Buchanan
(b) City or town. St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days (Specify whether
in this community. 26 years years, months or days)

3. (a) PRINT
FULL NAMECora Arnhold3. (b) If veteran,
name war. No3. (c) Social Security No.
None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married,
divorced. Married
6. (b) Name of husband or wife. Oscar R. Arnhold 6. (c) Age of husband or wife if
alive. 61 years
7. Birth date of deceased. April 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 20 hr. min.

9. Birthplace. Johnson County, Kansas
(City, town, or county) (State or foreign country)10. Usual occupation. At home11. Industry or business. Henry Chaney12. Name. Unknown Unknown
13. Birthplace. Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name. Lucinda Clinkenbeard15. Birthplace. Unknown Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant. O. R. Arnhold(b) Address. St. Joseph, Mo.17. (a) Burial (b) Date thereof. 12/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Memorial Park18. (a) Signature of funeral director. Heaton-Boulman(b) Address. St. Joseph, Mo.19. (a) 12-13-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Buchanan
(c) City or town. St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 6th Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. December day 8
year. 1947 hour. 10 minute. 55 P.M.21. I hereby certify that I attended the deceased from see 6-47
....., 19....., to see 8....., 19.....
that I last saw her alive on see 8....., 1947
and that death occurred on the date and hour stated above.Immediate cause of death. Heart on Aut. seles 4 years
Duration

Due to.....

Due to.....

Other conditions. Diabetic Mellitus
(Include pregnancy within 3 months of death) 4 yearsMajor findings: Chronic capillary Ch
Of operations. ChOf autopsy. ChUnderline
the cause of
which death
should be
charged sta-
tistically.

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. Dr. J. B. Jenkins (M. D. or other) 240Address. St. Joseph, Mo. Date signed. 12-9-47

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

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.....

William Spading..... Registered Apprentice No. 28.....
working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 519 So 10th, St. Joseph, 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.