. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 172

FILED FEB 16 1948

Registration District No. [illegible] Primary Registration District No. 1000 Registrar's No. 153

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 6526 Brown St. (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community

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. 6526 Brown St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Deloris Ann Arbuckle
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased February (Month) 5, (Day) 1945 (Year)

8. AGE: Years 2 | Months 11 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Kiwani (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Infant
11. Industry or business None

FATHER
12. Name George Arbuckle
13. Birthplace Trenton, (City, town, or county) Missouri (State or foreign country) U

MOTHER
14. Maiden name Helen Fouts
15. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) U

16. (a) Informant George Arbuckle (father)
(b) Address 6526 Brown St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Prior Ave., City
19. (a) 2-9-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1948 to Feb 1, 1948; that I last saw her alive on Feb 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	24 hrs.
Due to: Hydrocephalus	3 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 U

23. Signature Harry C. Alford (M. D. or other) MD
Address 1302 Faraon St., St. Joseph, Mo Date signed 2-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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.