No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9818

Registration District No. 390 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Higbee Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Walter Arney.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 20 (Day) 1885 (Year)

8. AGE: Years 63 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Monroe Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Miner.

11. Industry or business

MOTHER FATHER

12. Name Jake Arney
13. Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)

MOTHER

14. Malden name Sarah Orton
15. Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arthur Arney.
(b) Address Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.

19. (a) (Date received local registrar) (b) J. W. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour # I minute 20 p M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947 to Mar 20, 1948
that I last saw h[illegible]m alive on Mar 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Sure.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury 2

23. Signature W Robinson (M. D. or [illegible])
Address Higbee Mo Date signed 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not embalmed, Registered Apprentice No.....

working under my personal supervision.

Signed E. L. Tremonto

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.

No. 23
3-45
1X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. apud

Registration District No. 390 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Amey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 20 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 20 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) No

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

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 (M. D. or other)

Address Date signed 4/20/48

SUPPLEMENTARY

S-9818