

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11898**
Registrar's No. **6**

Registration District No. **65** Primary Registration District No. **3015**

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(c) Name of hospital or institution:
321 E 4th St
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 35 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town 321 E 4th St, Cameron
(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 _____

3. (a) PRINT FULL NAME Fannie Arnote
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife O. J. Arnote 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 26 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Clinton Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

12. Name Harvey Newby
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anna Harvey
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant O. J. Arnote
(b) Address Cameron

17. (a) Burial (b) Date thereof 4-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corrin Cemetery

18. (a) Signature of funeral director Palmer Funeral Home
(b) Address Cameron

19. (a) 4-5-1948 (b) Winifred W. Mosler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour _____ minute 9:20 P.M.
21. I hereby certify that I attended the deceased from 3-28-48
_____ 19____ to 4-2 1948
that I last saw h. a die on 4-2-48 8pm
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombus terminal
Due to cardiac dysrhythmia / month

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Cameron MO Date signed 4-3-48

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 George R. Hammall

Licensed Embalmer No. 4426

P. O. Address 309 1/2 West 8th

Cameron, Missouri

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.