

No. 2
12-45
-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13386**

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Amal Malison Township
(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 78-0-15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mercer
(c) City or town Amal
(If outside city or town limits, write "RURAL")
(d) Street No. Malison township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Hattie Wild Arnote

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John A. Arnote 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased mar 25 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER { 12. Name Emergy Wild
13. Birthplace Grundy Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name Suzanne Markwood
15. Birthplace Grundy Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mildred A. Stewart
(b) Address Spickard Mo RFD 2

17. (a) Burial (b) Date thereof 4-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilds Cem Grundy Co Mo

18. (a) Signature of funeral director Schooler funeral Home
(b) Address Spickard Mo

19. (a) 4-14-48 (b) M. J. Kuth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr 18 10 AM 1948 to Apr 19 11 AM 1948 that I last saw him alive on Apr 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Adiposcopy
Calculus of Bowles 2 yrs

Due to _____
Due to _____

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

Major findings: Of operations 46 E
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. W. Young (M. D. or other) _____
Address Spickard Mo Date signed 4-10-48

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.