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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

Registration District No. 709

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15889

Primary Registration District No. 5424

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell Union Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Thomas L. Arnold

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Vice Belle Arnold

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October (Month) 29 (Day) 1858 (Year)

8. AGE: Years 89 Months 6 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace — (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

MOTHER FATHER

12. Name Ben Arnold

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

14. Maiden name unknown

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

16. (a) Informant Homer Arnold

(b) Address Campbell, Mo R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Gravel Hill

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell Missouri

19. (a) 5/19/48 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr. 29th, 1948, to May 15th, 1948, that I last saw him alive on May 15th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	36 hrs.
Due to: Benign Prostatic Hypertrophy c̄ Obstruction	2 wks.
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

23. Signature Wallace Nelson (M. D. or other) M.D.

Address Campbell Mo. Date signed 5/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-692
Date Filed 5-27-48

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.