No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 18 1948
Registration District No. [illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3056

State File No. 17224
Registrar's No. 134

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Employees' Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: RANDOLPH
(c) City or town: MOBERLY
(If outside city or town limits, write "RURAL")
(d) Street No. 731 BENSON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: PRESLEY MALCOLM ARTHUR
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. 703-01-1165

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 1 years
7. Birth date of deceased: Nov (Month) 28th (Day) 1887 (Year)

8. AGE: Years 60 | Months 5 | Days 11 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Mo (State or foreign country)
10. Usual occupation: CONDUCTER
11. Industry or business: WABASH RAILROAD

FATHER
12. Name: John K Arthur
13. Birthplace: (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Irene Marsh
15. Birthplace: (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Mrs Mary Arthur
(b) Address: Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo
18. (a) Signature of funeral director: Graham and Son
(b) Address: Moberly Mo
19. (a) May 11-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9
year 1948 hour 11 minute 57 P. M.
21. I hereby certify that I attended the deceased from JANUARY 16, 1948, to MAY 8, 1948; that I last saw him alive on MAY 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL EMBOLISM	2 DAYS
Due to: AURICULAR FIBRILLATION	4½ MONTHS
Due to: ADHESIVE PERICARDITIS	1 YEAR
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? Means of injury:

23. Signature: [signature] (M. D., or other)
Address: Moberly Mo Date signed: 11/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 19[illegible]

JUN 8 1948

SEP 27 1951

JUN 28 1948

MAY 19 1948

MAY 25 1948
RECEIVED
District Health Officer No. 5-48-8
District File Number
MAY 17 1948
Date Filed

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobeily, Miss

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.