No. 300
—10-47
5-17-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18379

Registration District No. 326

Primary Registration District No. 6108

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Rural
(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 all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

(c) City or town Memphis, Mo. 99
(If outside city or town limits, write "RURAL")

(d) Street No. / (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Amy Alice Arnold

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 widow

6. (b) Name of husband or wife William Arnold

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

7. Birth date of deceased Dec (Month) 5 (Day) 1859 (Year)

8. AGE: Years 89 Months 2 Days If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Luckett
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Vernice Arnold
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 22 (Day) 1948 (Year)
(c) Place: burial or cremation McAdow

18. (a) Signature of funeral director Gertho Baskett
(b) Address Memphis Mo

19. (a) 5/19/1948 (Date received local registrar) (b) P M Baker (Registrar's signature) 407

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1940 to Feb 17, 1948
that I last saw her alive on Feb 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to Arteriolsclerosis	8 yr
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 H. M. Keethler (M. D. or other)

Address Memphis, Mo Date signed 2/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-958
Date Filed MAY 26 1948

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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
X43880

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. June

Registration District No. 326 Primary Registration District No. 6108 Registrar's No. 326

1. PLACE OF DEATH:
(a) County Holland
(b) City or town Rural
(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 years, months or days)
In this community

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 Amy A. Arnold
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced mcd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 5 (Day) 1854 (Year)

8. AGE: Years 89 Months 7 Days If less than one day hr. min.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day
year 1944 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.

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 J M Baker (M. D. or other)
Address Memphis Mo Date signed 8/4/45

SUPPLEMENTARY

S-18379