FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 20135

Registrar's No. 210

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N. 5th 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William F. 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 Widowed
6. (b) Name of husband or wife Effie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May 3 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Quincy Ill 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....

FATHER
12. Name William D. Arnold 0
13. Birthplace — MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flora Painter
15. Birthplace — MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B B Lacey
(b) Address St Marys Ave Hannibal Mo
17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 7-8-48 (b) Dr E M Lucke 144
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour ..... minute 3:10 a.m.

21. I hereby certify that I attended the deceased from 4-19, 1948, to 6-29, 1948
that I last saw him alive on 6-29, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage, left	3 days.
Due to Coronary sclerosis	?
Due to	
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? ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Holmes Bldg., Hannibal, Mo. Date signed 7-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest L. Wilson, Registered Apprentice No. 490 working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Vandalia, Mo

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.