FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22155
Primary Registration District No. 3006
Registrar's No. 194

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital 0
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 506 S. Williams St. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: DOROTHY JEANNE McARTHUR
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: 1 (Month) - 6 (Day) - 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	6	2	..... hr. ..... min.

9. Birthplace: Columbia (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: H.R. McArthur
13. Birthplace: Valdosta (City, town, or county) Georgia 1 (State or foreign country)
14. Maiden name: Dorothy Shiley
15. Birthplace: York (City, town, or county) Nebraska 1 (State or foreign country)
16. (a) Informant: H.A. McArthur
(b) Address: 506 S. Williams St., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) July 14, 1948 (Date received by local registrar) (b) Mrs. R.E. Palmer (Registrar's signature) 31 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 8 year: 1948 hour: 3 minute: 15 P.M.
21. I hereby certify that I attended the deceased from birth, 1948, to 8 July, 1948, that I last saw her alive on 8 July, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pneumonia with meningeal involvement (Virus)	2 days
Due to: Febrile Convulsions	
Due to: Acute Glomerulonephritis & Pyelonephritis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NO
Of autopsy: yes

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:
23. Signature: [illegible] (M. D. or other)
Address: 207-09 Exchange Bldg. Columbia Mo. Date signed: 7 July 48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 21 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 Chas. L. Zarring

Licensed Embalmer No. 4132

P. O. Address Columbia,

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

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