

Registration District No. 83Primary Registration District No. 4151Registrar's No. 12

1. PLACE OF DEATH

(a) County Crawford
 (b) City or town Steelville Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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)

3. (a) PRINT FULL NAME

3. (b) If veteran, _____
 name war _____

3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W
 6. (a) Single, widowed, married, divorced S. I.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased 2 - 14 - 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 5 _____ hr. _____ min.

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

10. Usual occupation iron

11. Industry or business _____

12. Name James P Arnett
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Vaughan
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant William Arnett
 (b) Address Steelville Mo
 17. (a) Buried (b) Date thereof 4 21 48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Keysville Cemetery

18. (a) Signature of funeral director J. James
 (b) Address Steelville Mo
 19. (a) 7-13-48 (b) Arnett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Salem Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? American (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
 year 1948 hour 7 minute 21 P. M.

21. I hereby certify that I attended the deceased from no phys
in attendance to _____
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death History of Heart disease

Due to _____

Due to _____

Other conditions _____
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations 950

Of autopsy _____

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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. B. Parred (M. D. or other) 6 29 48
 Address Steelville Mo Date signed _____

PHYSICIAN

Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

MOTHER FATHER

~~Date Filed~~
~~District File Number~~
District Health Officer No. 5
RECEIVED 7-14-48

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 *[Signature]*

..... Registered Apprentice No.
working under my personal supervision.

Signed *R J Jones*
Licensed Embalmer No. *2379*
P. O. Address *Steelville 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.