

FILED SEP 7 1948  
Registration District No. **1948 8**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:  
(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Trotter Nursing Home - 615 N. Main**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **10 months**  
(Specify whether years, months or days)  
In this community **3 years**

3. (a) PRINT FULL NAME **Ada Arel**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Noah Arel**  
6. (c) Age of husband or wife if alive **deceased**  
7. Birth date of deceased **June 14, 1868**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **13**  
If less than one day hr. min.

9. Birthplace **Potsville, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER  
12. Name **Webb McLelland**  
13. Birthplace **unknown unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Melissa Clark**  
15. Birthplace **unknown unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Glenn Arel**  
(b) Address **Tulsa, Oklahoma**

17. (a) **Burial** (b) Date thereof **8/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Fred C. Thieme**  
(b) Address **Springfield, Missouri**

19. (a) **8-30-48** (b) **W. E. Handley, reg**  
(Date received local registrar) (Registrar's signature)

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene** **39**  
(c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **615 N. Main** **6**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **27th**  
year **1948** hour **8:00 A.M.** minute **—** M.

21. I hereby certify that I attended the deceased from **about one year several days ago** 19 **48**  
that I last saw him alive on **several days ago** 19 **48**  
and that death occurred on the **same** day and hour stated above. Duration

Immediate cause of death **Senility**  
**Old fracture of left hip**  
**Probable carcinoma intestine**  
Due to **Senility**  
Etiology **Senility**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **X**  
Of autopsy **X**  
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 **Springfield**  
(c) Where did injury occur? **Springfield**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place? **at her home**  
(Specify type of place)  
While at work? **Fall** Means of injury

23. Signature **Garnett Dugg** (M. D. or other)  
Address **1053 Poanokel** Date signed **8/27/48**  
**Spld, Mo.**

**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 \_\_\_\_\_

*Fred C. Thiem*

Licensed Embalmer No. 2809

P. O. Address Springfield, Missouri

**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.