

FILED OCT 26 1948

Registration District No. **290**

Primary Registration District No. **4427**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)
In this community **2 days**

3. (a) PRINT FULL NAME **Alice Arnott**

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 **W 2**
6. (b) Name of husband or wife **DAN ARNOTT** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **JAN 31 1880**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **2** If less than one day hr. min.

9. Birthplace **DEPT CO MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

MOTHER FATHER { 12. Name **William T. CAMPBELL**
13. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **AMMIE PEWITT**
15. Birthplace **TENN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Archie Arnott**
(b) Address **Steelville, Mo**
17. (a) **BURIAL** (b) Date thereof **10-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SALEM MO**
18. (a) Signature of funeral director **M. L. Baneer**
(b) Address **SALEM, MO**
19. (a) **10-12-48** (b) **Thelma C. Buckner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DEPT 32**
(c) City or town **SALEM**
(If outside city or town limits, write "RURAL")
(d) Street No. **—** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **3** year **1948** hour **1** minute **55** P.M.
21. I hereby certify that I attended the deceased from **OCT 1** to **OCT 3**, 19**48**
that I last saw her alive on **OCT 3** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **3 days**
Due to **Hypertension**
Due to **Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **82W**
Of autopsy **—**
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? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**
23. Signature **J. W. Stricker** (M. D. or other)
Address **St James** Date signed **10/8/48**

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.....

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

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.