S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948
Registration District No. 2233

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4348

State File No. 37432
Registrar's No. 19

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Wellsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution —
In this community 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Wellsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Richard Arnold Jr
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced (1)
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 6 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day hr. — min.

9. Birthplace Wellsville Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business —

FATHER
12. Name John Richard Arnold
13. Birthplace Cuba Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Boo
15. Birthplace Wellsville Mo (City, town, or county) (State or foreign country)

16. (a) Informant John R. Arnold Sr
(b) Address Wellsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Wellsville Mo

18. (a) Signature of funeral director H B Keller
(b) Address Wellsville Mo.

19. (a) Nov. 10, 1948 (Date received local registrar) (b) Thos. Merritt (Registrar's signature) 211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1948 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Nov. 6, 1948, to Nov. 10, 1948, that I last saw him alive on Nov. 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice — Duration 2 days
Due to R.H. factor
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings:
Of operations —
Of autopsy 14 10

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

23. Signature Willis H. Wells (M. D.)
Address Wellsville Date signed 11-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number NOV 19 1948
Date Filed

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

Signed K B Hall

Licensed Embalmer No. 1588

P. O. Address Hillsville 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.