

FILED JAN 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 39583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Cass</b>	
b. CITY OR TOWN <b>Rural Grandriver 11 yrs</b>		c. CITY OR TOWN <b>Rural RFD. #3 Grandriver</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile S.W. of Harrisonville</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile S.W. of Harrisonville</b>	
3. NAME OF DECEASED a. (First) <b>John William</b> b. (Middle) <b>Arnold</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>12 27 48</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 31-1862</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <b>Farmer Retired 12 yrs</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Deleware Co Ind 199</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Jacob Franklin Arnold</b>	
13b. MOTHER'S MAIDEN NAME <b>Elmira Crawford</b>		14. NAME OF HUSBAND OR WIFE <b>Rozella Shingleton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rozella Arnold</b> ADDRESS <b>Harrisonville, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>92 B</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MITRAL INSUFFICIENCY</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHR. MYOCARDITIS</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SENILITY</b>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>L</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>12-15-</b> , 19 <b>48</b> , to <b>Dec 27, 1948</b> , that I last saw the deceased alive on <b>12 27</b> , 19 <b>48</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James J. Jones M.D.</b>		23b. ADDRESS <b>Harrisonville MO</b>	
23c. DATE SIGNED <b>12 29 48</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 29/48</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ORIENT</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisonville MO</b>	
DATE REC'D BY LOCAL REG. <b>12-29-1948</b>		REGISTRAR'S SIGNATURE <b>Rama J. Jones</b> ADDRESS <b>51 Attkisson Bldg Harrisonville MO.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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

19  
8

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*Floyd Atkinson*

Signed.....

Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address *Harrisville*

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.