

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

27785

State File No. ....

No. 300  
10.48

**FILED AUG 20 1949**

44  
4

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>299</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FARMINGTON</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>FARMINGTON</u>		94	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>713 Ste Genevieve</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>McARTHUR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 6 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 26, 1895</u>	
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>9</u>		11. BIRTHPLACE (State or foreign country) <u>Granton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>H. Henry Weise</u>		13b. MOTHER'S MAIDEN NAME <u>Magdaline Rasche</u>	
13c. NAME OF HUSBAND OR WIFE <u>Roderick J. McArthur</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Reiser</u>		18. ADDRESS <u>Farmington, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in past yrs. ② Diabetes mellitus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>June 19 48</u> , to <u>Aug 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 5</u> , 19 <u>49</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.				23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Desloge Mo</u>	
23c. DATE SIGNED <u>8-8-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>AUG 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middle Brook</u>	
24d. LOCATION (City, town, or county) (State) <u>Middle Brook MO</u>		DATE REC'D BY LOCAL REG. <u>Aug 11, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> ADDRESS <u>Farmington, Mo.</u>	

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

RECEIVED 8-16-49

Health Officer No. 4

Number 849-108

APR 7 1955

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.

Student \_\_\_\_\_  
Student Embalmer

Signed *Paul Dugal*

Licensed Embalmer No. 4120

P. O. Address *Farmingdale*

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.