

Registration District No. 351

Primary Registration District No. 4208

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County HENRY  
 (b) City or town Deepwater  
 (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 None  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
 (c) City or town Deepwater  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 1941  
 year 41 hour 4 actual minute 30 A. M.  
 21. I hereby certify that I attended the deceased from Dec 10  
 1940, to Jan 6 1941  
 that I last saw her alive on Jan 5 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach,  
Abcess Right Lung  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 468  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Dora Arnold  
 3. (b) If veteran, no name war \_\_\_\_\_  
 3. (c) Social Security No. 712

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive: None years  
 7. Birth date of deceased Jan 30 1903  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Beava County (City, town, or county) (State or foreign country) 0

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dora Arnold  
 13. Birthplace Indiana (City, town, or county) (State or foreign country) 1  
 14. Maiden name Merveta Ruth  
 15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature M. J. Sappington  
 (b) Address Deepwater, Mo

17. (a) Burial (b) Date thereof 1-7-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater, Mo

18. (a) Signature of funeral director J. J. Russell  
 (b) Address Deepwater, Mo

19. (a) Jan 15 41 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

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?  
315

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. J. Russell (M. D. or other) 1  
 Address Deepwater Date signed 2/10/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7.

District File Number 2-41-337

Date Filed 2-13-41

**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: Tom Hunt

Licensed Embalmer No. 2782

P. O. Address: Depue, 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2713

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 357

Primary Registration District No. 2713

Registrar's No.

1. PLACE OF DEATH:

(a) County Neosho  
(b) City or town Beaufort  
(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 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Dona Arnold

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Boon County (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 6 1941 (b) J. J. Russell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 6 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature J. J. Russell (M. D. or other)

Address Beaufort State signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

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

