

FILED MAR 1942 7 35 2
Registration District No. 547352 Primary Registration District No. 4209

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose
(c) Name of hospital or institution: Horns of daughter's
(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

8. (a) PRINT FULL NAME Sarah Jane Snowden Arnold
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex woman 5. Color or race white 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Charles G. Arnold 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1 - 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Wormley - Ontario - Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Wife - mother

11. Industry or business _____
12. Name Thomas Snowden 2
13. Birthplace Toronto Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Flanagan
15. Birthplace Rock Cornia Ireland 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N. B. Conrad
(b) Address Montrose Mo

17. (a) _____ (b) Date thereof Feb 18 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Feb 18 - 1942

18. (a) Signature of funeral director Linn City, Missouri
(b) Address Montrose Mo

19. (a) Feb 16 - 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) J. K.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Montrose Deepwater Twp
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? about 84 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16
year 1942 hour 6 minute 2 M.
21. I hereby certify that I attended the deceased from Oct 1, 1937, to Feb 14, 1942
that I last saw her alive on Feb 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 2 yrs
Duration
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 93d
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of Injury 11

23. Signature W. E. Baggerly (M. D. or other) _____
Address Montrose Mo Date signed 7/14/42

RECEIVED

Public Health Officer No. 7,

License File Number 3-42-173

Date Filed 3-4-43

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Applenton, Or., 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.