

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton Genl Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one week  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME M. LOUISE ARNOLD  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F Color or race WHITE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced Sm  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased OCT 6 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 22  
If less than one day hr. min.

9. Birthplace Franco, Ind Territory  
(City, town, or county) (State or foreign country)  
10. Usual occupation Teacher at

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name CHARLES ARNOLD  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name BINA L LINK  
15. Birthplace MORGAN MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs BINA ARNOLD  
(b) Address Clinton MO  
17. (a) Burial (b) Date thereof 11-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director CONSALUS PECK  
(b) Address Clinton MO  
19. (a) November 29 1944 (b) Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Henry  
(c) City or town 900 N 2nd  
(If outside city or town limits, write "RURAL")  
(d) Street No. Clinton MO  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 27  
year 1944 hour 9 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Nov 16 1944 to Nov 27 1944  
that I last saw her alive on Nov 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tachio-rectal abscess caused by gas bacillus causing gangrene.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Hypertensive Pneumonia 2 da.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 12313  
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 \_\_\_\_\_  
23. Signature R. R. Hattig B. or other \_\_\_\_\_  
Address Clinton Mo Date signed 11/29/44

JUN 3 1947

Officer No. 7,

Identification Number 11-44-1326

Date Filed 12-2-44

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**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

*J. E. Conner*

Licensed Embalmer No. 1891

P. O. Address

*Clinton 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.