

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36671

FILED JAN 12 1945  
Registration District No. **57**

Primary Registration District No. **3023**

Registrar's No. **219**

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
nurses home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 4 In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred - Arnold

3. (b) If veteran, name war ✓

3. (c) Social Security No. 0

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 2 years

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

8. AGE: Years Months Days If less than one day

about 70 hr. min.

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

10. Usual occupation Street Railway, K.C. Mo.

11. Industry or business

12. Name unknown

13. Birthplace " 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Orr

(b) Address Blairstown, Mo

17. (a) Burial (b) Date thereof 12/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blairstown

18. (a) Signature of funeral director J. W. Cool

(b) Address Chilholuse, Mo

19. (a) December 13 1944 Georgia R. Fitchers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 4-2-9

(c) City or town Blairstown, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Blairstown, Mo  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12  
year 1944 hour 6 minute 30A.M.

21. I hereby certify that I attended the deceased from 12-5- 1944 to 12-17 1944  
that I last saw him alive on 12-11- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia bda

Due to interstitial Nephritis Chr  
Chronic Endocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 131a

Of autopsy None

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) (Specify means of injury)

23. Signature Ed. C. Peltos MD (M. D. or other)  
Address 12-17-44 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7  
District File Number 127749  
Date Filed 12/11/43

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 J W Cook  
Licensed Embalmer No. 4335  
P. O. Address Chilhowe, Va

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.