

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. Crossing near Bowen 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Windsor Route #3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph Allan Arnold

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

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

6. (b) Name of husband or wife Stella Jewel 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 23 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 11 18 hr. _____ min.

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

10. Usual occupation Coal Mine Operator

11. Industry or business _____

12. Name Jacob B. Arnold

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

14. Maiden name Edna M. Shrout

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

16. (a) Informant Mrs. James Carver

(b) Address Sedalia, Mo.

17. (a) Burial (b) -Date thereof 5-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 5-13-47 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 10 minute 15 P.M.

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

Immediate cause of death Struck by train and was killed instantly

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) Accident 42

(b) Date of occurrence 5/11/47

(c) Where did injury occur? Bowen Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on railroad crossing
While at work? yes (Specify type of place) (e) Means of injury train

23. Signature R. S. Hollinguard (M. D. or D.D.)
Address Otterville Mo. Date signed 5/13/47

Duration
Physician
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7.
4-47-57
District File Number 6-19-47
Date Filed

JUN 5 1947

JUN 8 1947

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 *Geo Dillard*

Licensed Embalmer No. *3868*

P. O. Address *Sidalia*

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.