

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8482
Registrar's No. 71

FILED MAR 23 1948
Registration District No. 137

Primary Registration District No. 3023

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether)
In this community 82 years, months or days

3. (a) PRINT FULL NAME John Sterling 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 Georgia Belle Arnold
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased: 1-7-1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 9
If less than one day hr. min.

9. Birthplace: Pike Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER
12. Name James B. Arnold
13. Birthplace Lancaster Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hatchwood
15. Birthplace Orlando Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Steph Arnold
(b) Address Clinton MO

17. (a) Burial (b) Date thereof 3-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Paul Whittington
(b) Address Clinton MO

19. (a) 3-17-48 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 5018 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 16
year 1948 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 12, 1948, to March 16, 1948;
that I last saw him alive on March 16, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic interstitial nephritis

Due to —
Other conditions Severe gastric hemorrhage
(Include pregnancy within 3 months of death)
Coronary atherosclerosis & phlebotomy

PHYSICIAN
Major findings: —
Of operations: —
Of autopsy: —
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) No
(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?

(Specify type of place)
While at work? (e) Means of injury —
23. Signature S B Whittington (M. D. or other) MD
Address Clinton MO Date signed 3/17/48

District Health Officer No. 7,
District File Number 2-48-267
Date Filed 3-22-48

JAN 9 1959

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

Fred W. ...

Licensed Embalmer No. 4510

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.