

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 25 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16105  
Do not use this space.

1. PLACE OF DEATH  
(a) County Verdon Registration District No. 875  
(b) Township Washington Primary Registration District No. 6162 Registered No. 116  
(c) City New Madrid (d) Street No. State Hospital #3 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 0 yrs. 5 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Charles Arnold I. P. # 1174  
(a) Residence, No. Maple Mo - 822 (Minnesota) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ruby Arnold  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 5 - 1896  
7. AGE YEARS 42 MONTHS 2 DAYS 16 If LESS than 1 day, = hrs. or = min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1938  
22. I HEREBY CERTIFY, That I attended deceased from N. O. V. 16, 1937, to April 21, 1938  
I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

Gen. paralysis of the insane (syphilis of the C.N.S.) Date of onset 4/12/38  
Other contributory causes of importance: 83 -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.  
13. NAME John Franklin Arnold  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Alice Alba  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

Name of operation none Date of —  
What test confirmed diagnosis? Clinical Was there an autopsy? yes

17. INFORMANT Records, State Hosp #3 (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. Cem. DATE 4/25, 1938  
19. FUNERAL DIRECTOR Geisinger Funeral Home (ADDRESS) Nevada, Mo.  
20. FILED 4/25 Allen Local Registrar. 793

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury...  
Nature of injury...  
24. Was disease or injury in any way related to occupation of deceased? N. S.  
(Signed) T. O. Bell M. D.  
(Address) State Hosp #3 - Nevada

STATEMENT BY LICENSED EMBALMER

I, Marsh Eickinger, Licensed Embalmer No. 2656  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Marsh Eickinger  
Licensed Embalmer No. 2656

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**