

1939 FEB 6

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

2747  
Do not use this space.

1. PLACE OF DEATH *Jefferson* <sup>2</sup>  
 (a) County *Jefferson* Registration District No. *423*  
 (b) Township *Waco* Primary Registration District No. *5578* Registered No. *2*  
 (c) City ..... (d) Street No. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 654 ELIZABETH ARNOLD  
 2. PRINT FULL NAME  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Joe Arnold*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 8th 1860*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*78 11 8*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *House Wife*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Coleman* *Ireland*  
 FATHER 13. NAME *John Holly*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*  
 MOTHER 15. MAIDEN NAME *Elizabeth Cane*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Uniontown*  
 17. INFORMANT *Mrs. Louis Arnold*  
 (ADDRESS) *Kimmswick, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Burgess Cemetery* DATE *Jan. 19 1939*  
 19. FUNERAL DIRECTOR *Helicoptor Funeral Home*  
 (ADDRESS) *Kimmswick, Mo.*  
 20. FILED *Jan 19 1939* *Phil. J. Kirk*  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 16th 1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *Sept. 10, 1937, to Jan. 16, 1939*  
 I last saw her alive on *Jan. 16, 1939*. Death is said to have occurred on the date stated above, at *11-50p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Pick's Disease (Sclerosis of the Brain)* Date of onset *1928*  
 Other contributory causes of importance: *Senility*  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury .....  
 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? *no*  
 If so, specify .....  
 (Signed) *Morris W. Morrison* M. D.  
 (Address) *Kimmswick, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 7-20-37 I X12004

MAR 11 1942

SEP 30 1946

STATEMENT BY LICENSED EMBALMER

I, Arthur W. Heiligtag, Licensed Embalmer No. 3872

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 Arthur W. Heiligtag  
Licensed Embalmer No. ....

**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.)**