

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

1870 AUG 1 1939

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

26967
Do not use this space.

1. PLACE OF DEATH 2

(a) County Schuyler 1 Registration District No. 804

(b) Township Greening Primary Registration District No. 6049

(c) City Greening (d) Street No. 4483 Registered No. _____ St. _____

(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.

2. PRINT FULL NAME 1034 Thomas Sandford Arnold

(a) Residence, No. Greening mo St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arminda Bustin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. mo

FATHER

13. NAME Samuel Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roadport Mo

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Dale Arnold Greening mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greening mo DATE 7-17-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Doe Rely Funeral Home Hicksville mo

20. FILED July 17, 1939 Mrs O P Farmington Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-18-1939 to time of death, 1939

I last saw him alive on 7-10-1939 Death is said to have occurred on the date stated above, at 4:30 PM

The principal cause of death and related causes of importance were as follows:

Cancer Prostate

51

Date of onset _____

Other contributory causes of importance: _____

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 _____, 1939

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? _____

If so, specify _____ (Signed) C. H. Arnold, M. D.

(Address) Greening mo

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.