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.

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

42827
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 1305
(d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Ralph Arnold
(a) Residence, No. 1803 Mulberry St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Janette Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 22, 1889
7. AGE: Years 50 | Months 4 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family
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) Springfield, Missouri

FATHER
13. NAME Frank Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

MOTHER
15. MAIDEN NAME Jane Bouldin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford, Missouri

17. INFORMANT Jessie Bailey
(ADDRESS) 2216 Messanie
18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Mo. DATE 12-20-39 19
19. FUNERAL DIRECTOR Graves Funeral Home
(ADDRESS) 806. S. 17th. St.
20. FILED Dec. 19 1939 H. J. Nestlebush Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1939, to Dec. 18, 1939
I last saw him alive on Dec. 17, 1939. Death is said to have occurred on the date stated above, at 9:50 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and cerebellar (right) embolism and thrombosis	12-14-39
Right bronchopneumonia	12-15-39
Other contributory causes of importance: Fractured aortitis 34	1937?

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify
(Signed) Cabray Worley, M. D.
(Address) 415 Corby Bldg
St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 948 or by, Registered Apprentice No.

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

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