

JAN 8 1939

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

43597  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Town Prairie Primary Registration District No. 55-3-3B Registered No. 209  
(c) City Little Blue Mo (d) Street No. Jackson Co Home St.  
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 877 1/2 Indep Ave 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
about 68

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

9. Industry or business in which work was done, as saw mill, bank, etc. unemployed

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) Don't know

13. NAME James Arnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. S. J. Simmons (Cousin) 426 Everett K.C.K.

18. BURIAL, CREMATION, OR REMOVAL Northwestern Memorial 11-3-39

19. FUNERAL DIRECTOR (ADDRESS) W. Greenstreet K.C.Mo.

20. FILED 11-3-39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH 12:30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1939, to Oct. 30, 1939  
I last saw him alive on Oct. 30, 1939. Death is said to have occurred on the date stated above, at 2:30 am  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Pneumonia  
Other contributory causes of importance: 820

Name of operation Ex. Exam Date of 20  
What test confirmed diagnosis? Ex. Exam Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1, 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) L. W. Booker, M. D.  
(Address) 2028 Vin St.

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.

Blue Ridge Lawn Cemetery

**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 Edw H Evans

Licensed Embalmer No. 9836

P. O. Address 1819 E 15 St K6 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, above space should be left blank.**