

Registration District No. 242

Primary Registration District No. 5838

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Louisburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME GRACE ARNELD
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18 year 1940 hour 10:45 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 17 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16 to Jan 16 1940
that I last saw her alive on Jan 16 and that death occurred on the date and hour stated above. 1940

8. AGE: Years 59 Months 7 Days 1 If less than one day hr. min.

Immediate cause of death Pneumonia Broncho Duration 7 days
Due to Pneumonia
Due to 110

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation house wife

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name J. H. Thornberry
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Stacie Huston
15. Birthplace Mo (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant's own signature Royal Simmons
(b) Address Louisburg
17. (a) Rural (b) Date thereof Jan - 20
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rural
18. (a) Signature of funeral director Walter R. Brown
(b) Address Mo
19. (a) 1-23-1940 (b) Mrs J. R. Coy
(Date received local registrar) (Registrar's signature)

22. Signature R. H. Blood (M. D. or other)
Address Louisburg Mo Date signed 1/22/40

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

RECEIVED
Criminal Health Officer No 7.
File Number 2-40-262
Date Filed 2-13-40

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 S. B. Hutchison
Licensed Embalmer No. 1331
P. O. Address Bolivar 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.

