

Registration District No. 60 1940Primary Registration District No. 3004Registrar's No. 30

1. PLACE OF DEATH:

- (a) County Bates
 (b) City or town Butler
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 104 E Pleasant St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 years, months or days) 6-5-4

3. (a) PRINT FULL NAME William H Arnold3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-10-78974. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mrs Mente Arnold 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased Nov 29 1887
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 3 8 hr. min.9. Birthplace Wellmuthville Mo
(City, town, or county) (State or foreign country)10. Usual occupation Salver

11. Industry or business _____

12. Name Christopher Arnold13. Birthplace Adair Co. Mo
(City, town, or county) (State or foreign country)14. Maiden name Nancy - Dent
(City, town, or county) (State or foreign country)15. Birthplace Nancy S. Dent
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Arnold(b) Address Butler Mo17. (a) Burial (b) Date thereof March 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wat Hill18. (a) Signature of funeral director Culver(b) Address Butler Mo19. (a) March 9, 1940 (b) Nina L Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Bates
 (c) City or town Butler
 (If outside city or town limits, write "RURAL")
 (d) Street No. 104 E Pleasant St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1940 hour 5 minute A. M.21. I hereby certify that I attended the deceased from March 5, 1940, to March 8, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

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

Of autopsy _____

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 _____28. Signature Adelose Jude (M. D. another) _____Address Butler Mo Date signed 3-9-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

