

Registration District No. 1099

Primary Registration District No. 1099-5868

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pemissac of Little River, Tenn.
 (b) City, or, town Smith mo.
(If outside city or town limits, write "RURAL" and name of township)
 (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 2
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemissac
 (c) City or town Smith mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jay Arnold 654
 3. (b) If veteran, name war _____
 3. (c) Social Security No. L

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 18
 year 1940 hour 2 PM minute _____ M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced infant
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 30 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 19
 If less than one day hr. _____ min. _____

Immediate cause of death I don't know this baby was found dead in bed cause of death unknown
 Due to _____
 Due to _____

9. Birthplace Smith mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation infant

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

11. Industry or business _____
 12. Name L. D. Arnold
 13. Birthplace Hennette Oklahoma
(City, town, or county) (State or foreign country)
 14. Maiden name Dorris Choke
 15. Birthplace Hanna Oklahoma
(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) (2) Means of injury _____

16. (a) Informant L. D. Arnold
 (b) Address Smith mo.
 17. (a) Burial (b) Date thereof 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mardell mo
 18. (a) Signature of funeral director Friends
 (b) Address Smith mo.
 19. (a) 2-18-40 (b) J. G. Creamer
(Date received local registrar) (Registrar's signature)

23. Signature Jack Kelley (M.D. or other) do
 Address Smith mo. Date signed 2-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

78

3-40-29

221-2011

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.