

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 178

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

1. PLACE OF DEATH

(a) County Boon
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State C.A. Hosp. Columbia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days.
(Specify whether
In this community _____
years, months or days) 65th

3. (a) PRINT FULL NAME CLAY OLIVER ARNOLD

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Julia Arnold. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 4 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Clay City, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Floyd Arnold

13. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Hancy Ashworth

15. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clay Arnold

(b) Address Neosho, Mo.

17. (a) Burial (b) Date thereof 8-18-40
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Paulus

(b) Address Seaboard, Mo.

19. (a) 8/17/40 (b) Allie Selby
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho Rural
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1940 hour 9 minute 40 p.m.

21. I hereby certify that I attended the deceased from 8-11, 1940 to 8-16, 1940
that I last saw him alive on 8-16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to urteral obstruction

Due to Caecal of Periton

Other conditions H+
(include pregnancy within 3 months of death)

Major findings: Of operations Rectal CA

Of autopsy Invasion of CA Caecum
urteral abstru chion

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? _____

7/4 (Specify type of place) (e) Means of injury _____

23. Signature E E Royce (M. D. or other) _____

Address Ellis Fischel State C.A. Hosp. Date signed 8-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *M. W. Whitaker*

Licensed Embalmer No. *3893*

P. O. Address *Champion 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.