

REGISTRATION DISTRICT NO. 153

Primary Registration District No. 5217

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cass
(b) City or town "Rural" Dolan Twp.
(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 _____ (Specify whether
In this community 10 Years _____
years, months or days) 2

3. (a) PRINT FULL NAME ARTHUR BEST

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Elizabeth Best 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 10 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Winchester Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Elisha H. Best

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

14. Maiden name Amanda Taylor

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Best

(b) Address Cleveland, Mo.

17. (a) Burial (b) Date thereof Nov. 24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glen Wild

18. (a) Signature of funeral director W. W. Simpson

(b) Address Cleveland, Mo.

19. (a) 11-24-40 (b) Mrs. Pearl Suddarth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town "Rural" Dolan Twp.
(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 November day 22
year 1940 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov. 21, 1940, to Nov. 22, 1940;
that I last saw him alive on Nov. 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 7 yr

Due to Influenza & overwork ?

Due to Herpes Zoster 6 Wk.

Other conditions _____
(Include pregnancy within 3 months of death) 93°C

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature W. A. Moore (M.D. or other) 11/24/40
Address Cleveland Mo. Date signed 11/24/40

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

7

2
25
5

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.....

By me
working under my personal supervision.

Registered Apprentice No.....

Signed *C. W. Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Almond Hill*

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.