

No. 2
4-13-40
5-17-39
I X25

FILED APR 15 1941

Registration District No. **25**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MO. METH. HOSPITAL**
(If not in hospital or institution, write street number or location) **D**
(d) Length of stay: In hospital or institution **8 DAYS** (Specify whether
In this community **7 MO. - 21 DAYS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **BUCHANAN**
(c) City or town **ST. JOSEPH** **11**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **807 Green** (If rural, give location) **7**
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **BARBARA-JOYCE-ARNSON**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 8, 1940** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 21 hr. min.

9. Birthplace **St. Joseph Mo.** (City, town or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Julian B. Arnson Jr.**

13. Birthplace **St. Joseph Mo.** (City, town or county) (State or foreign country)

14. Maiden name **Ellen Beall**

15. Birthplace **Osceola Mo.** (City, town or county) (State or foreign country)

16. (a) Informant **J. B. Arnson Jr.**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Mar 31, 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Pl. Cem.**

18. (a) Signature of funeral director **W. J. Stames**

(b) Address **St. Joseph, Mo.**

19. (a) **3/31/41** (b) **H. Hestebush** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29** year **1941** hour **6:45** minute **9** M.

21. I hereby certify that I attended the deceased from **March 21**, 1941, to **March 29**, 1941, that I last saw her alive on **March 28**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: **Encephalitis, lethargica** Duration **12 days**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

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? **85**

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **W. Roy Moore** (M. D. or other) **M. D.**

Address **St. Joseph, Mo.** Date signed **3/29/41**

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

11
1
7

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.....

March 29, 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John H. Hurley

Licensed Embalmer No. *40507*

P. O. Address.....

St. Joseph, 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, fact should be so stated above.