

Registration District No.

89

Primary Registration District No.

3007

Registrar's No.

267

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 Poplar Bluff Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
 (Specify whether

In this community  
years, months or days3. (a) PRINT FULL NAME DELTA A. ARNETT3. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Raymond Arnett 6. (c) Age of husband or wife if  
alive 39 years7. Birth date of deceased June 9 1914  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
26 11 29  
hr. min.9. Birthplace Flora Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Own Home12. Name C. A. Taylor13. Birthplace Wayne Co. Ill.  
(City, town, or county) (State or foreign country)14. Maiden name Janie Inackert  
15. Birthplace White Co. Ill.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Delta Arnett  
(b) Address Gideon, Mo.17. (a) Burial (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation at Gilead Cem.18. (a) Signature of funeral director Stephenson  
(b) Address Piggott, Ark.19. (a) 7/1/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
 (c) City or town Gideon  
 (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 June day 8  
year 1941 hour 6:10 minute \_\_\_\_\_ a. M.21. I hereby certify that I attended the deceased from  
June 7 1941 to June 8 1941;  
that I last saw her alive on June 8 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Generalized Peritonitis Duration  
Ruptured Appendicitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Post partum 12/11  
(Include pregnancy within 3 months of death)Major findings: 1 week  
Of operations None  
Gas aspirated - Appendix gangrenous - peritonitis  
Of autopsy None

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?  
88(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)23. Signature C. Porter (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed 7-1-41

JUL 7 1941

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**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.**