No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Feller

State File No. 28345

Primary Registration District No. 2001

Registrar's No. 701

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 039
(c) City or town Springfield (If outside city or town limits, write "RURAL") 5 6
(d) Street No. 852 N. Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No) n
If yes, name country

3. (a) PRINT FULL NAME George W. Arnold
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March (Month) 28 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	0	hr. min.

9. Birthplace Commerce, (City, town, or county) Missouri n (State or foreign country)
10. Usual occupation retired
11. Industry or business Frisco Tie Inspector
FATHER 12. Name George W. Arnold
FATHER 13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Louise Bussart
MOTHER 15. Birthplace N. Y. (City, town, or county) N. Y. (State or foreign country)
16. (a) Informant Paul Arnold
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-30-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1941 hour 4 minute 55 a. M.
21. I hereby certify that I attended the deceased from 8/25 1941 to 8-27 1941 that I last saw h alive on 8-27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pleuropneumonia — Duration 8/31/41
Due to Failing heart from Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death) PBH
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Feller (M.D. or coroner)
Address Springfield Mo Date signed 9/13/41

JAN 22 1947

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.