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4-41
7-39
X25390

Registration District No. 334

Primary Registration District No. 4197

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany

(c) Name of hospital or institution: South 12 St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 65 years 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie Arrasmith

3. (b) If veteran, name war 2

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ed Arrasmith

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased May 4 1862

(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Mecon MO

(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Roll

13. Birthplace Germany

14. Maiden name Margaret

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Silvia Miles

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Aug 12 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) 8/13/41 (b) John Burris

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany

(If outside city or town limits, write "RURAL")

(d) Street No. 1

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11

year 1941 hour 3:40 minute A M.

21. I hereby certify that I attended the deceased from Aug 1, 1941 to Aug 11, 1941

that I last saw h.e.r. alive on Aug 11, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Q4B

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature Ly M. Pappert (Mr. Doctor or other) Dr

Address Bethany Mo Date signed Aug 11 1941

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..... *Joe E. Wheeler*.....
Licensed Embalmer No. *3512*.....
P. O. Address *Bethany Mo*.....

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

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