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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Praine Point  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the Aged & Infirm  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 6 years  
In this community 35 years 5 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson <sup>048</sup>  
(c) City or town Low Jack Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 22. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME William Arrington

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Etie Arrington 6. (c) Age of husband or wife if alive  years

7. Birth date of deceased May 26 - 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Mark Arrington  
13. Birthplace Jasper Co. Mo. (State or foreign country)  
14. Maiden name Ely  
15. Birthplace Jasper Co. Mo. (State or foreign country)

16. (a) Informant Search Jackson County Home

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 8-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Home, Mo

18. (a) Signature of funeral director W. S. [unclear]

(b) Address Jasper Missouri Mo

19. (a) 8-1-41 (b) John B. [unclear]  
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7/25, 1941, to 7-29, 1941  
that I last saw him alive on 7/29, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility  
Duration

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature J. W. [unclear] (M.D. or other) \_\_\_\_\_

Address [unclear] Date signed 7/41

**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..... 3813

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.