

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28595**

FILED SEP 12 1941

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution:
1604 Connor Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **25 years!** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**¹⁴⁹
(c) City or town **Joplin**²
(If outside city or town limits, write "RURAL")⁵
(d) Street No. **1604 Connor Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CORA E. ARNOLD**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **divorced**
6. (b) Name of husband or wife **John Arnold**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **August 16, 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **11** Days **20**
If less than one day hr. min.

9. Birthplace **Atchison, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER { 12. Name **Willard Hobbs**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Alberta Suttie**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Homer T. Lashard**

(b) Address **Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **8-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Opask Memorial**

18. (a) Signature of funeral director **Thornhill - Dillon**

(b) Address **Joplin, Missouri**

19. (a) **8-18-41** (b) **C. D. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5**
year **1941** hour **7:05** minute **9** M.

21. I hereby certify that I attended the deceased from **July 15**
19**41** to **Aug 5** 19**41**
that I last saw her alive on **Aug 1** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Muscular Cramping?**
(Abdominal)

Due to _____
Due to **55**
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**

(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) (or) means of injury _____

23. Signature **[Signature]** (M. D. or other) **J.P.**
Address **Joplin, Mo.** Date signed **8-16-41**

572 (Licensed Embalmer's Statement on Reverse Side)

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

41-9-748
HGS

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..... *David Dillon*
Licensed Embalmer No..... *3898*
P. O. Address..... *Joplin, 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.